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				Summary

## New Company Has Faith In Health Care Smart Cards

Health Data Network News • 12/20/97

Most Relevant Section  
Document Citation

A start-up company is betting that the American health care market is ready to buy into **smart cards**.

RealMed Corp., Indianapolis, expects to start testing its RealMed **smart card** program in January with undisclosed participants.

RealMed executives envision a program that includes provider organizations, payers and financial institutions in a private information network that enables the immediate submission, adjudication and **payment of claims**.

The company has no signed contracts, but expects to announce agreements early next year.

Under the new network, patients will carry **smart cards** with a computer chip that stores demographic, financial and **insurance** benefits information.

By reading information from the chip into a personal computer linked to the patient's **insurance** company, a physician's office quickly will be able to determine the patient's eligibility for coverage, then submit the **claim** to the patient's insurer following treatment, the company says.

The company hopes the insurer then will immediately adjudicate the **claim** and pay the physician through an electronic funds transfer. Finally, the patient could instantly pay his or her portion of the bill from a bank account electronic funds transfer or by credit **card**.

RealMed is using **smart cards** to store patient financial information that will enable electronic funds transfers, says Mark Morris, CFO of RealMed.

Because **smart cards** are scaleable, clinical data or stored value may be added later, he adds.

A stored value **card** acts as a credit or debit **card** with the monetary value actually in the **card**. As money is spent, it is deducted from the value on the **card**.

One of the principal investors in RealMed is Gemplus Corp., Gemenoes, France, a major vendor of **smart cards** that markets similar health care chip **cards** in Europe.

The cost to physicians of joining the RealMed network will be \$250 per year.

This includes leasing the hardware, which consists of a personal computer and a **smart card** reader **terminal**; software licensing; and technical support.

RealMed is using **smart card** readers from Gemplus, hardware from Digital Equipment Corp., Marlborough, Mass., and software from Microsoft Corp., Redmond, Wash. The RealMed network will run on the MCI Telecommunications network.

Providers participating in RealMed will pay about \$2.50 per transaction, which includes eligibility verification, **claims** submission, adjudication and **payment**, Morris says.

Participating insurers will give providers a 50-cent rebate for every transaction conducted over the network, he adds.

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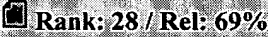
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**Num. Pages:** 3 (450 words)






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* Prepared for: Demetra Smith, 2764
*
* By          : Ellen Lytton, EIC/CPAC  308-7793
*
* Date        : September 29, 1999
*

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Attached is the search you requested on the distribution of charges in an expense report/insurance claim in which a bill server charges the insurance co./company for reimbursable expenses and charges a personal credit card for non-reimbursable expenses. There are several companies offering an insurance payment system that appears to fit this model. I did not find anything as appropriate in the travel expense area.

Ellen

• File 169:Insurance Periodicals 1984-1999/Sep 07  
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Set	Items	Description
S1	16470	(BILL OR BILLS) (NOT 5N) (SENATE OR HOUSE OR CLINTON OR LEGISLATION?) OR CLAIMS OR INVOICE? ?
S2	7304	PROCESSING OR SOFTWARE OR AUTOMATE? OR ELECTRONIC?
S3	661	REIMBURS?
S4	561	COPAY? OR DEDUCTIBLE OR (CUSTOMER OR PATIENT OR CLIENT? ? - ) (3W) (OWES OR PAY? ?)
S5	0	S1(S) S2 AND S3 AND S4
S6	593	S1(S) S2
S7	4	S6 AND (S3 OR S4)
S8	1	CLAIMS() FREE() MEDICARE (1W) SERVICE
S9	0	S8 NOT S7

JOURNAL CODE: NULH

ABSTRACT: Discusses a new service from Blue Cross of California called the Blue Cross of California **Claims** -Free Medicare Supplement Service. This service eliminates the need for senior citizens to submit paper **claims** for **reimbursement** under Medicare supplemental health plans. Blue Cross **electronically** matches the names of Medicare supplemental subscribers against Medicare Part A **claims** which cover hospitalization. Because Blue Cross also has contracts with Blue Shield and Transamerica Occidental Life Insurance Company, who are Medicare Part B carriers, the plan will also process **claims** for physician services. (Author/CKP)

DESCRIPTORS: Blue Cross And Blue Shield Plans; California; Product Development; Social Health Insurance

7/5/4

DIALOG(R) File 169:Insurance Periodicals

(c) 1999 NISL Publishing Co. All rts. reserv.

00039343

**Encourage Medicare providers to automate.**

Employee Benefit Plan Review, Apr 1986, p46

DOC TYPE: Journal Article

JOURNAL CODE: EBPR

ABSTRACT: In an attempt to speed up the transition to **electronic claims processing**, the Health Care Financing Administration has proposed that all Medicare providers who wish to be **reimbursed** through the periodic interim payment (PIP) method must submit their Medicare **claims electronically**. (Author)

DESCRIPTORS: Electronic Data Processing; Social Insurance; Third Party Administrators

7/5/1

DIALOG(R)File 169:Insurance Periodicals  
(c) 1999 NILS Publishing Co. All rts. reserv.

00198123

**Cross country checkup.**

Canadian Insurance, Dec 1997, p22

DOC TYPE: Journal Article

JOURNAL CODE: CI

ABSTRACT: British Columbia brokers are advertising to fight the challenge from direct writers, measuring the solvency of insurers against earthquake risk, and advising the government about an earthquake product. Alberta brokers are examining membership rules for the Independent Insurance Brokers Association of Alberta (IIBA), anticipating the province's re-write of the Insurance Act in 1998 in the direction of re-regulation and self-policing, and monitoring the continuing rise in **claims** settlement costs. Saskatchewan brokers continue to be concerned with education issues, while the province's public insurer, SGI, solicits public feedback on how to implement a series of general rate increases and the approved increase in the **deductible** for auto insurance. The industry and brokers in Manitoba are turning their attention from flood and weather-related problems to such problems as direct writers and approved increases in auto insurance rates. In Quebec, **Bills** 134 and 167 are under discussion, which propose giving Caisses Populaires and licensed depository institutions the right to sell insurance over the counter. Newfoundland may move to a no-fault auto insurance product as a result of Atlantic harmonization and pending recommendations of the Select Committee on Property and Casualty Insurance. Nova Scotia brokers have granted affiliate non-voting member status to brokerages owned or controlled by financial institutions and insurance companies. New Brunswick brokers want a more grass-roots approach from their association and help from them in clearing up the confusing aspects of information **processing** systems. Prince Edward Island brokers are in favour of partial harmonization, that would retain multiple superintendents and regulatory boards for the individual regions while standardizing forms and policies for all.

(Author/JPS)

COUNTRY: FOREIGN

DESCRIPTORS: Brokers; Canada

7/5/2

DIALOG(R)File 169:Insurance Periodicals  
(c) 1999 NILS Publishing Co. All rts. reserv.

00183975

**Electronic claims filing would reduce Medicare costs: OIG.**

Employee Benefit Plan Review, Nov 1996, p48

DOC TYPE: Journal Article

JOURNAL CODE: EBPR

ABSTRACT: The Medicare program would save between \$34 million and \$126 million in administrative costs if all physicians filed their Medicare **reimbursement claims electronically**, according to a report from the Department of Health and Human Services' Office of Inspector General (OIG). (Author/PGG)

COUNTRY: UNITED STATES

DESCRIPTORS: Claims; Electronic Data Processing; Medical Cost Containment; Social Health Insurance

7/5/3

DIALOG(R)File 169:Insurance Periodicals  
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00085324

**Calif. Blue Cross drops paper claims on Medicare supp.**

National Underwriter: Life & Health/Financial Services, Jan 9 1989, p12

DOC TYPE: Journal Article

File 256:SoftBase:Reviews,Companies&Prods. 85-1999/Aug

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File 278:Microcomputer Software Guide 1999/Aug

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Set	Items	Description
S1	3226	(BILL OR BILLS) (NOT 5N) (SENATE OR HOUSE OR CLINTON OR LEGI- SLAT?) OR CLAIMS OR INVOICE? ?
S2	82623	PROCESSING OR SOFTWARE OR AUTOMATE? OR ELECTRONIC?
S3	78	REIMBURS?
S4	42	COPAY? OR DEDUCTIBLE OR (CUSTOMER OR PATIENT OR CLIENT? ? - ) (3W) (OWES OR PAY? ?)
S5	19	S1(S)S2(S) (S3 OR S4)

File 256:SoftBase:Review, Companies&Prods. 85-1999/Aug

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S5	19	S1(S)S2(S) (S3 OR S4)



5/7/1 (Item 1 from file: 256)  
DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01702854 DOCUMENT TYPE: Product

**PRODUCT NAME: Advantage 2.2 (702854)**

Deltek Systems Inc (518794)  
8280 Greensboro Dr #300  
McLean, VA 22102 United States  
TELEPHONE: (703) 734-8606

RECORD TYPE: Directory

CONTACT: Sales Department

Advantage 2.2 tracks everyday project information like checks, timesheets, expense reports and **invoices** . It uses a project-based approach to financial management that lets users think in the terms with which they usually work. Special forms and screens make data entry easy. The system comes with a complete set of hard-copy data entry forms that match the layout of the data entry screens. Lookup windows help users enter the correct information and data is validated automatically as it is entered. Users can build a complete history of their projects, accounts receivable, general ledger and other important aspects of business before they begin entering new transactions or they can build the firm's history as they use the **software** . Individual companies can tailor their own charts of accounts. Users can budget and track projects at cost and billing rates and determine project report structure by discipline, phase or activity. The power and efficiency of the program is enhanced by the integrated nature of its modules including Project Control, Accounting, Billing, Payroll, Accounts Payable, Profit Center Reporting, Timekeeper and Expensekeeper. Inputs to the system include project management data such as budgets, timesheets and expenses and firmwide information such as employee data, cash receipts and disbursements and journal entries. The Project Control module is the foundation and runs as a standalone module or can be integrated with other modules for added flexibility and performance. It tracks actual versus budgeted labor costs, overhead and direct and **reimbursable** expenses. Revenues, receivable and project profit are tracked when the Accounting module is installed. Billing data is **automated** when the Billing module is installed. In addition to comprehensive project reporting, Project Control generates employee productivity reports. It also uses selective reporting to let project managers view labor and expenses on individual projects. The module comes with comprehensive reports for both managers and the account staff. While retaining the project control functionality at the heart of the system, the **software** includes many new features requested by clients. It allows the customization of reports, the **processing** of data cleanly and the tailoring of **invoices** to meet internal and client billing requirements. The ability to switch to any period for **processing** and reporting enables users to work in multiple periods.

REVISION DATE: 981028

5/7/2 (Item 2 from file: 256)  
DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01586463 DOCUMENT TYPE: Product

**PRODUCT NAME: SmartStream Financials 4.1 (586463)**

Geac SmartStream (485306)  
66 Perimeter Center E  
Atlanta, GA 30346 United States  
TELEPHONE: (404) 239-2000

RECORD TYPE: Directory

CONTACT: Sales Department

SmartStream Financials 4.1 includes five applications, Ledger, Receivables, Asset Management, Payables and allocations, that users can implement individually or in combination. All applications feature: (1) SmartStream's configurable workflow to streamline business processes; (2) flexible, user-definable elements, from account keys to balance types, to tailor the application to an organization; (3) enterprise policies to minimize data re-entry and ensure accounting control; and (4) multinational and multicurrency features to support global operations. SmartStream Ledger provides a complete solution for the effective control, management and reporting of business activities. Key features include a user-defined account key; seamless drill-back from ledger balances to the actual supporting documents; multiple-level consolidations; flexible spreadsheet integration; unlimited account balance types; workflow-managed journal approvals and average balance functionality. SmartStream Receivables lets users manage their investment in receivables, improve cash flow and evaluate credit risks. Key features include management of receivables aging and write-offs; management of customer remittances in the form of cash, bank drafts or EDI transactions; online histories of receivable and remittance activity and **automated** credit line and collections facilities. SmartStream Asset Management helps users control their investments in capital equipment and manage depreciation for maximum tax benefits. Key features include efficient handling of a wide range of depreciation methods, country-specific tax reporting and depreciation structures for Australia, Canada, France, the U.K. and the U.S., among others and workflow-managed processes to easily add, transfer and retire assets. SmartStream Payables lets users generate payments from a wide range of payment requests including matched and non-matched **invoices**, check requests, travel **reimbursements** and customer refunds. Key features include automatic matching of **invoices** to purchase orders and receipts, resolution of matching exceptions via workflow, flexible options to pay by check, bank draft or **electronic** service in generic and country-specific formats and facilities to increase accuracy and ease in entering data from **invoices**. SmartStream Allocations allows users to redistribute any amount to better measure business performance, such as allocating indirect revenues or expenses to individual product lines to better measure true profitability. Key features include the use of any budget or ledger account balance for allocation inputs, a wide range of calculation methods, unattended execution, step-down allocations and a choice of outputs, including automatic creation of journal entries. Smartstream Applications share a set of common application services to manage vendor, bank, currency and calendar information. These services maintain consistent and detailed information for vendors and banks, help users manage typically cumbersome tasks such as currency-rate maintenance and **automate** bank statement reconciliation and calendar setup. All of the program's users can access a wide range of enabling tools provided with the SmartStream desktop.

REVISION DATE: 970731

5/7/3 (Item 3 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01539821 DOCUMENT TYPE: Product

PRODUCT NAME: SQL\*TIME Financials 4.9.3 (539821)

Design Data Systems Corp (592064)  
13830 58th St N #401  
Clearwater, FL 33760 United States  
TELEPHONE: (727) 539-1077

RECORD TYPE: Directory

CONTACT: Sales Department

SQL\*TIME Financial 4.9.3 allows users to forecast, monitor and control financial results enterprise wide and seamlessly integrate accounting with Sales, Distribution, Contracts, Projects and Customer Service. They can use the Internet to streamline management of customer and vendor accounts, billing and payments. Users can also control operating costs, credit and cash flows and increase revenues, profits and return on assets. SQL\*TIME Financials applications include: (1) General Ledger to **automate** GL entries from all source applications as well as allocations, recurring and reversing entries, balancing entries for inter-company transactions and currency revaluation; (2) Accounts Receivable to **automate** invoicing, collection cash application and journal entries, globally from all sources including recurring support agreements and control credit and enhance customer satisfaction; (3) Accounts Payable to **automate** three-way receipt, **invoice** and purchase order matching and to obtain discounts, optimize cash flows and comply with tax regulations; (4) Employee Expense Accounting to track, distribute and reconcile expenses, advances and **reimbursements** automatically via integrated employee subsidiary ledgers; (5) Fixed Assets Management to track and control capital asset investments including amortization, depreciation and changes and comply with tax regulations, accounting standards and internal policies; (6) Budgeting & Forecasting to plan revenues, funding and expenditures and monitor performance to plan for all entities, contracts, projects, products and service lines; (7) Encumbrance Accounting to control funds, commitments and accounting standards compliance for national, state or local governments and contracts as well as other non-profit organizations; and (8) FRx Financial Reporting to provide timely, relevant managerial and external financial reporting via industry-leading, Web-enabled general ledger reporting tools. \*

REVISION DATE: 990203

5/7/4 (Item 4 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01466336 DOCUMENT TYPE: Product

**PRODUCT NAME: Integral Pension Benefits Administration (466336)**

Integral Systems Inc (614378)  
2730 Shadelands Dr #101  
Walnut Creek, CA 94598-2515 United States  
TELEPHONE: (925) 939-3900

RECORD TYPE: Directory

CONTACT: Sales Department

Integral Pension Benefits Administration provides a wide range of benefits and capabilities that are fully integrated within Integral's payroll and human resource system products. These include medical, dental, life and disability insurance, tax-deferred savings and profit-sharing plans, along with full COBRA support. In addition, the system is designed to offer the most powerful, flexible compensation and pension benefits administration systems available. The **software** 's benefits eligibility rules ensure employee participation is fully qualified. These rules constantly monitor payroll and human resource information. When a change in status is about to occur, reminders and action notices are automatically sent to the appropriate individuals via **electronic** mail or periodic reports. The flexible compensation system simplifies the complex task of enrollment and ongoing administration and reduces the effort required for spending accounting management. Annual and ongoing enrollments are streamlined with personal election forms, **automated** reminder notices and online, realtime modeling of flexible compensation options. The Spending Account

Administration module processes employee **reimbursement** **claims** and reconciles spending account liabilities. A Report Writer allows virtually any benefits-oriented report to be available.

REVISION DATE: 960607

5/7/5 (Item 5 from file: 256)

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.  
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01370452 DOCUMENT TYPE: Product

**PRODUCT NAME: OCR for FORMS 2.0 (370452)**

Microsystems Technology Inc (526002)  
1 Tampa City Center #S-3410  
Tampa, FL 33602 United States  
TELEPHONE: (813) 222-0414

RECORD TYPE: Directory

CONTACT: Sales Department

OCR for FORMS 2.0 is designed to meet the forms **processing** needs of both the high and low ends of the data entry market. This product helps companies **automate** their data entry functions as well as automatically index images into an image management system. It is a generic product and applicable to any forms **processing** environment. The system has been successful **processing** health **claims**, insurance **reimbursements**, accounting **invoices**, contracts, mortgage applications, surveys/questionnaires, benefit participation forms, pledge forms, personnel applications, check remittance advices, traffic tickets, emergency response forms, time cards, government filings, order forms, etc. Features include: (1) unprecedented form removal and character regeneration techniques; (2) automatic form identification and exception handling; (3) pre- and post-**processing** rules; (4) table (user defined and/or ODBC) validation; (5) accurate and consistent output; (6) machine print, handprint, optical mark, bar code and reader response recognition; (7) high speed split screen verification and review/correction process; (8) process dot matrix printed forms and image enhancement; (9) image archiving without the form; (10) unattended **processing**; (11) high percentage of recognition/minimum questionable characters; (12) client/server (DDE) interface; (13) custom user interface (DLL), etc.; (14) compatible with most major imaging systems; and (15) batch **processing** /form family **processing** with controls. The product is a completely scaleable solution. Utilized on a network, a site can include the functionality that they require to handle the current workload and add only those functions that they need as their workload increases. Stations can include scanning, form identification, **processing** (form removal/OCR/ICR/OMR), verification and/or retrieval functions.

REVISION DATE: 960612

5/7/6 (Item 6 from file: 256)

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.  
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01209538 DOCUMENT TYPE: Product

**PRODUCT NAME: Travis/Flex for Windows 6.5 (209538)**

Travis Software Corp (421677)  
PO Box 820469  
Houston, TX 77282-0469 United States  
TELEPHONE: (281) 496-3737

RECORD TYPE: Directory

CONTACT: Sales Department

Travis/Flex for Windows 6.0 is a fully **automated** system designed to administer conversion or Full Flex plans with benefit credits and flexible spending accounts. The system produces election forms, generates **reimbursement** checks and provides financial reporting. The system features **claims** duplication testing, account balance verification prior to payment and automatic posting of salary deductions regardless of payroll frequency.

REVISION DATE: 990616

5/7/7 (Item 7 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01018762 DOCUMENT TYPE: Product

**PRODUCT NAME: Down To Earth Accounts Receivable 3x (018762)**

Synergex (005266)  
2330 Gold Meadow Way  
Gold River, CA 95670 United States  
TELEPHONE: (916) 635-7300

RECORD TYPE: Directory

CONTACT: Sales Department

Down To Earth Accounts Receivable 3x manages cash receipts and income and interfaces with the Order Entry, General Ledger and Job Costing systems. Features include: (1) recurring charge **processing**; (2) open item and balance forward **invoice** tracking; (3) user-defined aging periods; (4) direct invoicing; (5) user-defined dunning letters; (6) small balance write-off **customer** average-days-to-pay calculation; and (7) extensive sales tax distribution.

REVISION DATE: 990512

5/7/8 (Item 8 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01017959 DOCUMENT TYPE: Product

**PRODUCT NAME: Travel Expense Management System (TEMS) (017959)**

Computer Related Services Inc (238619)  
Pembroke V #108IS  
Virginia Beach, VA 23462 United States  
TELEPHONE: (804) 499-8911

RECORD TYPE: Directory

CONTACT: Sales Department

Travel Expense Management System (TEMS) is a set of programs for monitoring and controlling travel and entertainment expenses. A direct interface to a host computer Accounts Payable and General Ledger system is provided and can optionally be utilized. The windowing techniques found throughout the system make the package user friendly. The program is designed to fit any organization regardless of the size of the travel expense budget. It can: (1) make and reconcile cash advances to employees for trips; (2) **reimburse** outside salespeople for out-of-pocket travel or entertainment expenses; (3) reconcile duplicate **claims** or overcharges for travel items; (4) track travel or entertainment expenses incurred for a given salesperson, branch

office, district or ledger account number; (5) develop a travel and entertainment expense budget by reviewing historical information; (6) reconcile credit card statements; (7) make direct-deposit ACH payments; and (8) handle decentralized **electronic** expense voucher preparation including the use of laptop computers.

REVISION DATE: 961125

5/7/9 (Item 9 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01015400 DOCUMENT TYPE: Product

**PRODUCT NAME: Co-Op Advertising (015400)**

Jere V Horwitz & Associates Inc (046876)  
9102 N Meridian St #500  
Indianapolis, IN 46260-1809 United States  
TELEPHONE: (317) 815-3900

RECORD TYPE: Directory

CONTACT: Sales Department

The Co-Op Advertising system provides flexible and efficient **processing** of advertising **claims**. Service charges are user-defined, as a percentage or flat rate. The system supports open and limited accrual, with automatic tracking of escrow and **reimbursement** fund balances. The user can define dealers, participants, rejection codes, forms for different payment methods and product classes for manufacturers who want to track this information. Claim entry is user-oriented with online HELP available throughout the program. The system aids claim **processing** by checking the advertisement run and submission dates, valid media type and cumulative fund totals for both the dealer and the fund. If a claim is rejected, user-defined rejection codes are employed to explain why. The payment cycle allows the selection of **claims** by pay cycle codes.

REVISION DATE: 990512

5/7/10 (Item 10 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00111198 DOCUMENT TYPE: Review

**PRODUCT NAMES: E-Banking (839299)**

**TITLE: On-line Insurance Serves As Confidence-Builder**

**AUTHOR:** Curley, Bob

**SOURCE:** Bank Systems & Technology, v35 n8 p38(1) Aug 1998

**ISSN:** 1045-9472

**HOME PAGE:** <http://www.banktech.com>

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

NCR's SafeWeb Remote Banking Insurance, a program that protects consumers against fraudulent **electronic** banking transactions, gives each customer of users' banks \$1,000 of insurance coverage. The insurer is Travelers Property Casualty. Banks are not charged for the base coverage, but can buy more insurance up to \$25,000 for each customer, says a spokesman for NCR. SafeWeb appears to cover all online transactions conducted by customers of 27 banks that use NCR Internet banking products. They include Coastal Federal Savings Bank, Hudson Savings Bank, and Nantucket Bank. Internet and

dial-up PC banking transactions are covered by SafeWeb, and are generally considered very secure in the banking industry. However, the general banking public has a lower level of confidence. Although 'perception is reality,' says NCR's spokesman, the firm is confident of the protection of its firewalls and encryption. SafeWeb will initially be most useful as a marketing tool because statistics indicate that concern about security slows acceptance of online PC banking. With SafeWeb, customers can relax in the knowledge that a loss is protected. The possible **claims** that could emerge are not known, and the insurer has to pay the full loss, since SafeWeb has no **deductible**.

REVISION DATE: 990521

5/7/11 (Item 11 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00110481 DOCUMENT TYPE: Review

PRODUCT NAMES: Advertising (830992)

TITLE: Zapotec Zaps Co-Op Blues

AUTHOR: Jastrow, David

SOURCE: Computer Reseller News, v792 p41(2) Jun 8, 1998

ISSN: 0893-8377

HOME PAGE: <http://www.crn.com>

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

Zapotec **Software** 's Co-Op Easy, a co-op management application, assists retailers and distributors in coordinating, monitoring, and claiming all co-op marketing money available from manufacturers. Co-op funding, volume rebates, and spiffs can become very disorganized and muddled, although these funds are meant to assist value-added resellers and retailers in increasing the size of marketing budgets. **Claims** generally are processed manually and then entered in a spreadsheet, a method that does not provide optimal automation. Co-Op Easy, says a user (a wireless telecommunications distributor) has allowed the company to increase its cash flow and be aware at any given time of the full quantity of co-op funds available. The funds are visible from one location, so that the firm saves **processing** resources and speeds **claims processing**, to enhance customer service. Zapotec's co-founder and president says Co-Op Easy allows users to generate a precise claim for **reimbursed** dollars, and that various value-added resellers (VARs) are interested in reselling the suite to retail customers. Promotional allowances from manufacturers rose 5.6 percent in 1997 to \$33 billion, says a company that assists VARs in deploying marketing programs using co-op funds.

REVISION DATE: 981030

5/7/12 (Item 12 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00105655 DOCUMENT TYPE: Review

PRODUCT NAMES: Quicken Home & Business Windows & Windows NT (678678)

TITLE: Latest Quicken Gets Down To Business

AUTHOR: Patz, Joel T.

SOURCE: Windows Magazine, v9 n3 p133(2) Mar 1998

ISSN: 1060-1066

HOME PAGE: <http://www.winmag.com>

RECORD TYPE: Review  
REVIEW TYPE: Review  
GRADE: B

Intuit's Quicken Home & Business 98 adds very handy features for home or small business owners, but it may lack some features that some businesses need. Home & Business makes it easy to track receivables, add sales tax, and generate tax reports for filling out Schedule C. As expected of an Intuit Quicken product, it lets the user do online banking, **electronic bill** payment, and other basic accounting functions. The Web features built into the new Quicken Suite 98, as well as Quicken Home & Business, let the user retrieve financial news, do mortgage and insurance rate shopping, and bank via the Internet. In addition, Home & Business offers 401(k) plan tracking, stock and mutual fund management, and online trading if the user has an account with a broker. On the business end of things, Home & Business lets the user generate **invoices** and track **reimbursable** expenses, although the process is a bit clunky for doing the latter. What the program does not do is provide sophisticated reports, maintain inventory, or do payroll calculations. For these functions, users will need to turn to products such as QuickBooks or Peachtree Accounting 5.0. QuickBooks is also better for calculating and tracking principal and interest on a loan.

REVISION DATE: 990530

5/7/13 (Item 13 from file: 256)  
DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00077428 DOCUMENT TYPE: Review

PRODUCT NAMES: All-Payer Remittance Manager (563293)

TITLE: Pursuing the Paperless Office with EDI  
AUTHOR: Smith, Doug  
SOURCE: Healthcare Informatics, v12 n4 p100(3) Apr 1995  
ISSN: 1050-9135

RECORD TYPE: Review  
REVIEW TYPE: Review  
GRADE: A

All-Payer Remittance Manager, a PC-based billing system for health care organizations, was chosen by a three-hospital network to reduce paper-based remittance documentation. The system expands the functionality of **electronic** data interchange (EDI) functions previously installed to enable in-house **processing**. To include receipt of remittance advice data and increase the number of transactions processed **electronically** (thereby eliminating all **processing** bottlenecks), the **automated** solution receives data in **electronic** format. The result is reduced clerical **processing**, including that formerly required for secondary billing functions, which significantly slowed accounts receivable **processing**. Medicare remittance files are received via phone lines from an intermediary. It also calculates contractual adjustments, **copayments**, and deductibles. Only two days are required to generate secondary **bills**, compared to seven with the manual process.

REVISION DATE: 990530

5/7/14 (Item 14 from file: 256)  
DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00074382 DOCUMENT TYPE: Review

PRODUCT NAMES: EDI (830052); Health Claims (830389)



**TITLE: EDI & Healthcare Payment Systems**

AUTHOR: Schinderle, David McLure, Marcia L. Moynihan, James J.

SOURCE: EDI World, v5 n1 p32(3) Jan 1995

ISSN: 1055-0399

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

**Electronic** data interchange (EDI) is used to pay health **claims** by a large health system that provides acute care for nearly 80,000 persons. The system uses many out-of-area providers and emergency rooms, which requires **processing** of thousands of **claims** for **reimbursement** by other providers. EDI pays these **claims** via check with explanations of benefit (EOB) statements. In order to avoid large expenses generating new forms for the health care payment system, the health system chose to use the same technology already in use by the Accounts Payable department. Installed EDI **software** drew information from a CMS system and translated it to the X12 835 Healthcare Claim Payment/Advice transaction set. These transactions are sent to Mellon Bank through a Value-Added Network, for printing and EOBs; Mellon can also send the 835 and **electronic** funds transfer (EFT) to EDI-enabled providers.

REVISION DATE: 990823

5/7/15 (Item 15 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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00073138

DOCUMENT TYPE: Review

**PRODUCT NAMES: GENESYS Payroll System (263397); GENESYS Human Resource System (263371)**

**TITLE: Hospital Heals Its HR Software Problems**

AUTHOR: Staff

SOURCE: Managing Office Technology, v39 n12 p28(1) Dec 1994

ISSN: 1070-4051

HOME PAGE: <http://www.motmag.com>

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

GENESYS Human Resources & Payroll Client/Server **Software** helped a university hospital migrate to in-house payroll **processing**. **Automated reimbursements**, employee turnover reports, and extensible features are provided. The **software** has an important advantage in that users can customize it without assistance from professional computer programmers. It replaces several human resources and payroll products, including separate programs for benefits, compensation, time and attendance, and eliminates payroll **processing** outsourcing. The integrated system meets user needs with powerful, easy-to-use reporting functions, maintenance by nonprogrammers, and automation features for **claims processing**. The benefits supervisor credits customizability by staff as being the greatest savings feature by far.

REVISION DATE: 980930

5/7/16 (Item 16 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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00063201

DOCUMENT TYPE: Review

PRODUCT NAMES: Health Care Management (830420)

TITLE: Which Port in the Storm?

AUTHOR: Morrison, Tom Dunbrack, Lynne

SOURCE: Healthcare Informatics, v11 n4 ps42(6) Apr 1994

ISSN: 1050-9135

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

Two computerization alternatives for managed care organizations are outlined, namely contract management systems and managed care information systems. A hypothetical health maintenance organization (HMO) is posited. Contract management systems help track contracts including dates of contract expiration and profit and loss statements, which helps in negotiations. They begin to track patient data upon admission to care, provide information on patient eligibility, and provide information to physicians who may join the group. Managed care information systems work with **claims processing**, factoring in individual variations in payment depending on age, sex, **copayments**, and other items. They also keep patient history given by employers, and track physician referral patterns.

REVISION DATE: 980228

5/7/17 (Item 17 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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00049644

DOCUMENT TYPE: Review

PRODUCT NAMES: Practice Management (PM) 3.1 (457833); Professional Practice Management (457841); CPA/MIS (457868); PACS Time Saver 5.1 (292761)

TITLE: On-Screen Billing Looms on Horizon

AUTHOR: Scott, Robert W.

SOURCE: Accounting Today, v7 n6 p13(2) Mar 1, 1993

ISSN: 1044-5714

HOME PAGE: <http://www.electronicaccountant.com>

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

Onscreen billing products could revolutionize business practices, by allowing data to be directly entered on **bills** from a personal computer display. Proponents of the **software** state that its use can improve cash flow and put a company in a good receivables position. Work-in-progress and receivables are processed more quickly and smoothly, providing a boost in collections. Because statistics show that the sooner a **bill** is received after **processing**, the more likely the **customer** will **pay** promptly, **bills** should be processed before the end of the month. Onscreen billing makes this possible, and the advantages are many, especially for tax preparation services. One CPA firm notes that poor throughput caused by late night data entry can be eliminated with onscreen billing, if properly used.

REVISION DATE: 960228

5/7/18 (Item 18 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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00049419

DOCUMENT TYPE: Review

PRODUCT NAMES: Andrew Tobias' Managing Your Money 9.0 (7580);  
MoneyCounts Personal Edition 7.0 (901096); Microsoft Money 2.0 (336734);  
Andrew Tobias' TaxCut (211508); Wealthbuilder 3.0 (228524)

TITLE: Compute's Getting Started with Personal Money Management

AUTHOR: Giovetti, Alfred C.

SOURCE: Compute!, v15 n4 p51(16) Apr 1993

ISSN: 0194-357X

RECORD TYPE: Review

REVIEW TYPE: Review

GRADE: A

Products that help manage money using a desktop computer are reviewed. These products take the sting out of money management, helping the user track daily expenses and providing a clear view of where money is spent. Tax programs help the user learn more about tax laws and **deductible** expenses, and some programs allow the user to plan taxes over a four year span. Investment programs help the user save for retirement, a first home, or a child's education. Goals and risks are evaluated, and some programs suggest the best type of investment. Many packages are reviewed, supporting some of packages are reviewed, supporting some or all of the following features: checkbook function; bank reconciliation; check writing; **electronic bill** -paying; reporting and budgeting; tax summaries; some advanced property management functions. Some programs included are: MetaStock Pro by Equis International and MarketExpert, StockExpert, and TradingExpert by AIQ.

REVISION DATE: 990720

5/7/19 (Item 19 from file: 256)

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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00032308 DOCUMENT TYPE: Review

PRODUCT NAMES: Health Claims (830389)

TITLE: A Wise choice for your practice?

AUTHOR: Strahan, Herman

SOURCE: Computers in Healthcare, v13 n2 p51(3) Feb 1992

ISSN: 0745-1075

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

**Electronic** media claim filing (EMC), in particular for Medicare **claims**, is no longer a matter of 'if,' but a question of when. A long list of advantages to EMC are enumerated here: freedom from paper, as well as savings on postage and forms, resubmission cost, and clerical staff salaries. Medicare agencies offer special incentives for **electronic claims** filers, such as daily issuance of **reimbursement** checks, and verification reporting of **claims** acceptance. (Penalties for paper filing may be anticipated eventually.) The initial costs of **electronic** filing are not extraordinary, and may be negligible for practices already owning a computer and modem. Cost savings are realized quickly. These details, specific to the State of Illinois, are applicable to virtually any locale.

REVISION DATE: 990530

File 351:DERWENT WPI 1999/UD=9939;UP=9939;UM=9939

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File 347:JAPIO Oct 1976-1999/Apr. (UPDATED 990812)

(c) 1999 JPO & JAPIO

File 344:Chinese Patents ABS Apr 1985-1999/Aug

(c) 1999 European Patent Office

Set	Items	Description
S1	483	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	1067	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	151	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR - EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	1182	S2 OR S3
S5	65	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	678	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR - EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR - HR OR SENATE OR LEGISLAT?))
S7	743	S5 OR S6
S8	16042	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE)- () (PURPOSE OR FUNCTION?)) ()CARD? ? OR (NONCONTACTLESS OR NON(-)CONTACT? OR PORTABLE) ()DATA() (EXCHANGE OR CARRIER?)
S9	19946	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR POS OR POINT? ?(1W) (SALE? OR SERVICE?)
S10	13780	MC=T04-K? OR IC=(G06K-019/07 OR G06K-019/073 OR G06K-019/0-77)
S11	39415	S8 OR S9 OR S10
S12	0	S1 AND S4 AND S7 AND S11
S13	1	S1 AND (S4 OR S7) AND S11
S14	6693	(BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SERVER? OR PROCESS? OR PAYMENT? OR AUTOMATE OR ELECTRONIC? OR NETWORK? OR INTERNET? OR EXTRANET?)
S15	166	S14 AND S11
S16	2	S15 AND (S7 OR S4)
S17	6774	S14 OR (BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR - CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SETTLE? OR SETTLING OR READJUST? OR RE()ADJUST?)
S18	2	S17 AND S11 AND (S7 OR S4)
S19	0	AU=(MIK M? AND WALKER J? AND TEDESCO D? AND VAN LUCHENE A? AND JORASCH J?)
S20	552	AU=(MIK M? OR WALKER J? OR TEDESCO D? OR VAN LUCHENE A? - OR JORASCH J?)
S21	2	S20 AND S17
S22	2	S21 NOT (S13 OR S16)
S23	2	S20 AND S4
S24	0	S20 AND S11 AND (S1 OR S4 OR S7)
	?	

File 351:DERWENT WPI 1985-1999/UD=9939;UP=9939;UM=9939

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File 347:JAPIO Oct 1976-1999/Apr. (UPDATED 990812)

(c) 1999 JPO & JAPIO

File 344:Chinese Patents ABS Apr 1985-1999/Aug

(c) 1999 European Patent Office

Set	Items	Description
S1	483	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	1067	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	151	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	1182	S2 OR S3
S5	65	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	678	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR HR OR SENATE OR LEGISLAT?))
S7	743	S5 OR S6
S8	16042	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE) - () (PURPOSE OR FUNCTION?)) ()CARD? ? OR (NONCONTACTLESS OR NONCONTACT? OR PORTABLE) ()DATA() (EXCHANGE OR CARRIER?)
S9	19946	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR POS OR POINT? ?(1W) (SALE? OR SERVICE?)
S10	13780	MC=T04-K? OR IC=(G06K-019/07 OR G06K-019/073 OR G06K-019/0-77)
S11	39415	S8 OR S9 OR S10
S12	0	S1 AND S4 AND S7 AND S11
S13	1	S1 AND (S4 OR S7) AND S11
S14	6693	(BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SERVER? OR PROCESS? OR PAYMENT? OR AUTOMATE OR ELECTRONIC? OR NETWORK? OR INTERNET? OR EXTRANET?)
S15	166	S14 AND S11
S16	2	S15 AND (S7 OR S4)
S17	6774	S14 OR (BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SETTLE? OR SETTLING OR READJUST? OR RE()ADJUST?)
S18	2	S17 AND S11 AND (S7 OR S4)
S19	0	AU=(MIK M? AND WALKER J? AND TEDESCO D? AND VAN LUCHENE A? AND JORASCH J?)
S20	552	AU=(MIK M? OR WALKER J? OR TEDESCO D? OR VAN LUCHENE A? - OR JORASCH J?)
S21	2	S20 AND S17
S22	2	S21 NOT (S13 OR S16)
S23	2	S20 AND S4
S24	0	S20 AND S11 AND (S1 OR S4 OR S7)

13/7/1 (Item 1 from file: 347)  
DIALOG(R)File 347:JAPIO  
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04610658 \*\*Image available\*\*  
SIGN COLLATING DEVICE FOR CREDIT CARD

PUB. NO.: 06-282558 [JP 6282558 A]  
PUBLISHED: October 07, 1994 (19941007)  
INVENTOR(s): NAKAGAWA NOBUO  
APPLICANT(s): CHUO DENSHI KK [401341] (A Japanese Company or Corporation),  
JP (Japan)  
APPL. NO.: 05-093660 [JP 9393660]  
FILED: March 29, 1993 (19930329)

ABSTRACT

PURPOSE: To prevent a trouble on the usage of a credit card.

CONSTITUTION: A host station 1 constituted of an inputting device 3, picture recording device 4, storage device 5, data communication equipment 6, and computer 7, is connected through a data communication line 8 to plural sign collating terminals 2 constituted of a **card reader** 11, display terminal 12, data communication equipment 9, and computer 10. The credit card is confirmed not only by confirming a registration number, but also by comparing a sign and an individual feature, so that the trouble can be prevented, and the **insurance payment** of a credit **company** can be reduced.  
?

16/7/1 (Item 1 from file: 351)

DIALOG(R) File 351:DERWENT WPI

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012408280 \*\*Image available\*\*

WPI Acc No: 99-214388/199918

**Universal electronic transaction card for use in health care management system**

Patent Assignee: PITRODA S G (PITR-I)

Inventor: PITRODA S G

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Main IPC	Week
US 5884271	A	19990316	US 94262307	A	19940620	G06F-017/60	199918 B
			US 96708555	A	19960906		

Priority Applications (No Type Date): US 96708555 A 19960906; US 94262307 A 19940620

Patent Details:

Patent	Kind	Lan	Pg	Filing	Notes	Application	Patent
US 5884271	A		31	CIP of		US 94262307	

Abstract (Basic): US 5884271 A

NOVELTY - The input unit inputs personal information of user, medical information, account information for service institutions in which user has account, and transactional information for each service institution for which account information exist, into the memory.

DETAILED DESCRIPTION - The housing is dimensioned such that it is accommodated in pocket or purse. The communication unit electronically communicates personal, account and transactional information with service institutions. The liquid crystal display unit (10) displays information for service institution accounts. A pointing device selected from group containing computer mouse pointing device and computer track ball pointing device, is used for input of information. The processor processes personal account and transactional information. A security unit prevents unauthorized use of universal electronic **transaction card** and prevents unauthorized access to information stored in memory of universal **electronic transaction card**. An INDEPENDENT CLAIM is included for describing method of issuing account by service institutions to user of card.

USE - For use in health care management system. Also for credit card transactions, licensing bank transactions, retail credit transactions, medical or **insurance** transactions, personal identification, travel or telephone or other miscellaneous transactions.

ADVANTAGE - Substantial amount of paper work is eliminated and transactions with doctors, hospitals and **insurance** companies are conducted simultaneously in real time to resolve disputes and transaction information are recorded electronically thereby improves productivity and operational efficiency and reduces management cost in all transactions. Facilitates convenient recharging of battery used in the card, thereby eliminates need to replace battery during normal use. CIU which is a passive interface between card and personal computer, does not include any processing capability, memory and software to avoid duplication and hence reduces cost. Since all the medical information of the user is recorded in memory, prescribing of drugs or other treatment which is not tolerated by patient due to allergic reactions or other contraindications is prevented thereby saves patient's life. Facilitates user to select any type of transactions such as credits, banks, shops, medical **insurance**, personal identification traveling or telephone.

DESCRIPTION OF DRAWING(S) - The figure depicts diagram of universal electronic transactions card.

Display unit (10)  
pp; 31 DwgNo 1/31

Derwent Class: T01; T05

International Patent Class (Main): G06F-017/60

16/7/2 (Item 2 from file: 351)  
DIALOG(R)File 351:DERWENT WPI  
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010493202 \*\*Image available\*\*

WPI Acc No: 95-394522/199551

**Data processing network for processing medical transactions - has network processing insurance claim with terminal at health-care provider sending claim to network where card reader reads information about patient and payment from card for completing payment to service provider**

Patent Assignee: AT & T GLOBAL INFORMATION SOLUTIONS INT (AMTT ); NCR INT INC (NATC )

Inventor: HORST W R; LAUGHLIN D P; YAKER R

Number of Countries: 004 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Main IPC	Week
EP 683465	A2	19951122	EP 95303254	A	19950516	G06F-017/60	199551 B
JP 7319971	A	19951208	JP 95111683	A	19950510	G06F-017/60	199607
EP 683465	A3	19960612	EP 95303254	A	19950516	G06F-017/60	199632

Priority Applications (No Type Date): US 94248267 A 19940519

Cited Patents: No-SR.Pub; DE 3534638; DE 4213797; WO 9115817

Patent Details:

Patent	Kind	Lan	Pg	Filing	Notes	Application	Patent
EP 683465	A2	E	6				

Designated States (Regional): DE FR GB

JP 7319971 A 5

Abstract (Basic): EP 683465 A

The data processing network includes an insurance claim processing network (12) for processing an insurance claim . Remote terminals (30, 34, 38 and 42) are located at a health care service provider for sending the insurance claim to the insurance claim processing network .

Card readers (32, 36, 40 and 44) read information about a patient from a card (50) for use in the insurance claim . A server (24) communicates with the remote terminal, and a database (22) coupled to the server stores information about patients. Payment information is read from the card for use in completing payment to the health care service provider.

ADVANTAGE - Provides simple data processing network for processing medical transactions where rapid claim processing is achieved.

Dwg.1/2

Derwent Class: T01

International Patent Class (Main): G06F-017/60

International Patent Class (Additional): G06F-019/00

?



Set	Items	Description
S1	458	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	769	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	893	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	1632	S2 OR S3
S5	51	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	697	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR HR OR SENATE OR LEGISLAT?))
S7	747	S5 OR S6
S8	3210	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE) - () (PURPOSE OR FUNCTION?)) ()CARD? ? OR (NONCONTACTLESS OR NONCONTACT? OR PORTABLE) ()DATA() (EXCHANGE OR CARRIER?)
S9	4691	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR POS OR POINT? ?(1W) (SALE? OR SERVICE?)
S10	6776	S8 OR S9
S11	1	S1(S)S4(S)S7(S)S10
S12	1	S11 FROM 348
S13	5	S1(S) (S4 OR S7) (S)S10
S14	4	S13 NOT S11
S15	6	S4(S) (S1 OR S7) (S)S10
S16	1	S15 NOT (S11 OR S13)
S17	0	AU=(MIK M? AND WALKER J? AND TEDESCO D? AND VAN LUCHENE A? AND JORASCH J?)
S18	101994	(BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SERVER? OR PROCESS? OR PAYMENT? OR AUTOMATE OR ELECTRONIC? OR NETWORK? OR INTERNET? OR EXT-RANET?)
S19	0	S18(S)S1(S)S7(S)S10
S20	1	S18(S) (S1 OR S7) (S)S10
S21	1	S20 NOT (S11 OR S14 OR S15)
?		

• 11/3,K/1 (Item 1 from file: 348)  
DIALOG(R)File 348:European Patents  
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00744000

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

**Smart card techniques for motor vehicle record administration**

**Chipkartentechniken zur Verwaltung von Kraftfahrzeugdaten**

**Techniques a carte a puce pour l'administration des donnees de vehicule automobile**

PATENT ASSIGNEE:

AT&T Corp., (589370), 32 Avenue of the Americas, New York, NY 10013-2412,  
(US), (applicant designated states: DE;FR;GB;IT)

INVENTOR:

Eisenmann, Jeffrey Jon, 75 Whitefield Avenue, Apt. 401, Ocean Grove, New  
Jersey 07756, (US)

LEGAL REPRESENTATIVE:

Johnston, Kenneth Graham et al (32381), Lucent Technologies (UK) Ltd, 5  
Mornington Road, Woodford Green Essex, IG8 OTU, (GB)

PATENT (CC, No, Kind, Date): EP 702336 A2 960320 (Basic)

EP 702336 A3 960529

EP 702336 B1 990519

APPLICATION (CC, No, Date): EP 95306228 950906;

PRIORITY (CC, No, Date): US 304998 940913

DESIGNATED STATES: DE; FR; GB; IT

INTERNATIONAL PATENT CLASS: G07C-005/08; G07B-015/00; G07F-007/08;

ABSTRACT WORD COUNT: 138

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	9920	206
CLAIMS B	(German)	9920	159
CLAIMS B	(French)	9920	254
SPEC B	(English)	9920	14281
Total word count - document A			0
Total word count - document B			14900
Total word count - documents A + B			14900

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

...SPECIFICATION the parking garage gate to raise (block 1194). The program then loops back to block 1101.

FIG. 12 is a hardware block diagram illustrating a **smart card** identification system in the context of an automobile **insurance** provider. An **insurance** company computer 1201 is configured to access database 1203. Database 1203 includes a plurality of automobile **insurance** policy files. Each automobile **insurance** policy file is associated with an **insurance** policy identifier which uniquely specifies a particular automobile **insurance** policy file. The automobile **insurance** policy files each include an **insurance** policy expiration date, the VINs (vehicle identification numbers) of all motor vehicles **covered** by the **policy**, the name and address of the policyholder, the drivers license number and social security number of the policyholder, the terms of the **policy** (amount **deductible**, **coverage** for collision, liability, etc), motor vehicle code violations committed by the policyholder, and a **policy payment** record listing **payments** actually made by the policyholder, the date such payments were made, and any payments owing and due.

A state department of motor vehicles computer 1205...

?

14/3,K/1 (Item 1 from file: 348)  
DIALOG(R)File 348:European Patents  
(c) 1999 European Patent Office. All rts. reserv.

00914511

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

**An electronic cashless system**

**Bargeldloses elektronisches System**

**Systeme electronique sans argent liquide**

PATENT ASSIGNEE:

FUJITSU LIMITED, (211463), 1-1, Kamikodanaka 4-chome, Nakahara-ku,  
Kawasaki-shi, Kanagawa 211, (JP), (applicant designated states:  
DE;ES;FR;GB)

INVENTOR:

Hayashida, Shoji, 18-1, Sengen-cho 3-chome, Higashi-kurume-shi, Tokyo,  
203, (JP)

LEGAL REPRESENTATIVE:

Stebbing, Timothy Charles et al (59641), Haseltine Lake & Co., Imperial  
House, 15-19 Kingsway, London WC2B 6UD, (GB)

PATENT (CC, No, Kind, Date): EP 834843 A2 980408 (Basic)  
EP 834843 A3 981216

APPLICATION (CC, No, Date): EP 97118508 900906;

PRIORITY (CC, No, Date): JP 89230893 890906

DESIGNATED STATES: DE; ES; FR; GB

RELATED PARENT NUMBER(S) - PN (AN):

EP 416916 (EP 903097517)

INTERNATIONAL PATENT CLASS: G07F-019/00; G07F-007/08; G07F-007/10;

ABSTRACT WORD COUNT: 164

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	9815	850
SPEC A	(English)	9815	11251
Total word count - document A			12101
Total word count - document B			0
Total word count - documents A + B			12101

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

...SPECIFICATION maximum amount of compensation.

Then, the bank analyzes the trend (the rate of stored amount depletion)  
of the commercial transactions made with the multi-function **IC card**  
21 to estimate the current stored balance from the last ATM transaction  
date. The sum of the estimated current balances will tend to approximate  
the...

...stored balance is computed by adding these two amounts. This sum is then  
stored in the amount information memory part 212 of the multi-function  
**IC card** 21 that is issued to the owner as a replacement. This  
difference could ordinarily be an overpayment, the loss of which could be  
**covered** by an **insurance policy**.

Since the deposit data is separated by the bank number into the home  
bank part and the foreign bank part, the revising of the seller...

14/3,K/2 (Item 2 from file: 348)  
DIALOG(R)File 348:European Patents  
(c) 1999 European Patent Office. All rts. reserv.

00871654

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

**Electronic settlement method employing electronic money value with  
identifier and system for use in such a method**

**Einen elektronischen Geldwert mit Identifizierer verwendendes  
elektronisches Begleichungsverfahren und ein solches Verfahren  
verwendendes System**

**Methode electronique pour le reglement d'un paiement, utilisant une valeur  
monetaire electronique avec identificateur et systeme pour la mise en**

**oeuvre de cette**

**PATENT ASSIGNEE:**

HITACHI, LTD., (204141), 6, Kanda Surugadai 4-chome, Chiyoda-ku, Tokyo  
101, (JP), (applicant designated states: DE;FR;GB)

**INVENTOR:**

Ikeda, Kazuyuki, 38-13-203, Nishikoigakubo-1-chome, Kokubunji-shi, (JP)  
Tomita, Hiroshi, 7-2-101, Miyamaedaira-1-chome, Miyamea-ku, Kawasaki-shi,  
(JP)

Tasaka, Mitsunobu, 40-1, Utsukushigaokanishi-2-chome, Aoba-ku,  
Yokohama-shi, (JP)

Nitta, Jun, 4-6-205, Susukino-1-chome, Aoba-ku, Yokohama-shi, (JP)

**LEGAL REPRESENTATIVE:**

Hackney, Nigel John et al (76991), Mewburn Ellis, York House, 23 Kingsway  
, London WC2B 6HP, (GB)

PATENT (CC, No, Kind, Date): EP 798672 A2 971001 (Basic)

APPLICATION (CC, No, Date): EP 97302081 970326;

PRIORITY (CC, No, Date): JP 96103516 960329

DESIGNATED STATES: DE; FR; GB

INTERNATIONAL PATENT CLASS: G07F-007/08;

ABSTRACT WORD COUNT: 187

LANGUAGE (Publication,Procedural,Application): English; English; English

**FULLTEXT AVAILABILITY:**

Available Text	Language	Update	Word Count
CLAIMS A	(English)	9709W4	996
SPEC A	(English)	9709W4	10872
Total word count - document A			11868
Total word count - document B			0
Total word count - documents A + B			11868

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

...SPECIFICATION embodiment of the present invention, the organ for  
assigning the identifiers through the cash dispenser 100 and for ensuring  
the electronic money value which the **IC card** holds is the bank, the  
present invention is not limited thereto. For example, a fixed commission  
is **allowed** to an **insurance company** so that the electronic money  
value in the **IC card** is divided into the groups and also the unique  
identifiers are respectively assigned to the groups. In this case, the  
amount to which the unique identifiers are assigned by the **insurance**  
company can be, even if the **IC card** is damaged, insured by the  
**insurance company**, and also the unjust report can be discovered in the  
**insurance company** side as well.

Now, the more detailed description will hereinbelow be given with  
respect to the dealing of the identifiers 212 when the electronic...

**14/3,K/3 (Item 3 from file: 348)**

DIALOG(R)File 348:European Patents

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00827673

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

**An electronic cashless system**

**Bargeldloses elektronisches System**

**Systeme electronique sans argent liquide**

**PATENT ASSIGNEE:**

FUJITSU LIMITED, (211463), 1-1, Kamikodanaka 4-chome, Nakahara-ku,  
Kawasaki-shi, Kanagawa 211, (JP), (applicant designated states:  
DE;ES;FR;GB)

**INVENTOR:**

Hayashida, Shoji, 18-8, Sengen-cho 3-chome, Higashi-kurume-shi, Tokyo 203  
, (JP)

**LEGAL REPRESENTATIVE:**

Stebbing, Timothy Charles (59641), Haseltine Lake & Co., Imperial House,  
15-19 Kingsway, London WC2B 6UD, (GB)

PATENT (CC, No, Kind, Date): EP 768628 A2 970416 (Basic)  
EP 768628 A3 970521

APPLICATION (CC, No, Date): EP 96203461 900906;  
PRIORITY (CC, No, Date): JP 89230893 890906  
DESIGNATED STATES: DE; ES; FR; GB  
RELATED PARENT NUMBER(S) - PN (AN):  
EP 416916 (EP 903097517)  
INTERNATIONAL PATENT CLASS: G07F-007/10; G06F-017/60; G07F-007/08;  
ABSTRACT WORD COUNT: 81

LANGUAGE (Publication,Procedural,Application): English; English; English  
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPAB97	500
SPEC A	(English)	EPAB97	11369
Total word count - document A			11869
Total word count - document B			0
Total word count - documents A + B			11869

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

...SPECIFICATION maximum amount of compensation.

Then, the bank analyzes the trend (the rate of stored amount depletion) of the commercial transactions made with the multi-function **IC card** 21 to estimate the current stored balance from the last ATM transaction date. The sum of the estimated current balances will tend to approximate the...

...stored balance is computed by adding these two amounts. This sum is then stored in the amount information memory part 212 of the multi-function **IC card** 21 that is issued to the owner as a replacement. This difference could ordinarily be an overpayment, the loss of which could be **covered** by an **insurance policy**.

Since the deposit data is separated by the bank number into the home bank part and the foreign bank part, the revising of the seller...

**14/3,K/4 (Item 4 from file: 348)**

DIALOG(R)File 348:European Patents  
(c) 1999 European Patent Office. All rts. reserv.

00433767

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

**An electronic cashless system**

**Bargeldloses elektronisches System**

**Système électronique sans argent liquide**

PATENT ASSIGNEE:

FUJITSU LIMITED, (211460), 1015, Kamikodanaka, Nakahara-ku, Kawasaki-shi, Kanagawa 211, (JP), (applicant designated states: DE;ES;FR;GB)

INVENTOR:

Hayashida, Shoji, 18 8, Sengen-cho 3-chome, Higashi-kurume-shi, Tokyo 203, (JP)

LEGAL REPRESENTATIVE:

Fane, Christopher Robin King et al (30511), Haseltine Lake & Co., Imperial House, 15-19 Kingsway, London WC2B 6UD, (GB)

PATENT (CC, No, Kind, Date): EP 416916 A2 910313 (Basic)  
EP 416916 A3 910515  
EP 416916 B1 990714

APPLICATION (CC, No, Date): EP 90309751 900906;

PRIORITY (CC, No, Date): JP 23089389 890906

DESIGNATED STATES: DE; ES; FR; GB

INTERNATIONAL PATENT CLASS: G07F-007/10;

ABSTRACT WORD COUNT: 106

LANGUAGE (Publication,Procedural,Application): English; English; English  
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	9928	726
CLAIMS B	(German)	9928	737
CLAIMS B	(French)	9928	934
SPEC B	(English)	9928	11285

•  
Total word count - document A 0  
Total word count - document B 13682  
Total word count - documents A + B 13682

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

...SPECIFICATION maximum amount of compensation.

Then, the bank analyzes the trend (the rate of stored amount depletion) of the commercial transactions made with the multi-function **IC card** 21 to estimate the current stored balance from the last ATM transaction date. The sum of the estimated current balances will tend to approximate the...

...stored balance is computed by adding these two amounts. This sum is then stored in the amount information memory part 212 of the multi-function **IC card** 21 that is issued to the owner as a replacement. This difference could ordinarily be an overpayment, the loss of which could be **covered** by an **insurance policy**.

Since the deposit data is separated by the bank number into the home bank part and the foreign bank part, the revising of the seller...

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16/5,K/1 (Item 1 from file: 348)  
DIALOG(R)File 348:European Patents  
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00723335

ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348

Remote access medical network.

Medizinisches Netzwerk mit Fernzugriff.

Reseau medical a acces a distance.

PATENT ASSIGNEE:

AT&T GLOBAL INFORMATION SOLUTIONS INTERNATIONAL INC., (1449481), 1700  
South Patterson Boulevard, Dayton, Ohio 45479, (US), (applicant  
designated states: DE;FR;GB)

INVENTOR:

Yaker, Rhoda, 240 Hamden Road, Annandale, New Jersey 08801, (US)  
Laughlin, David Paul, 1020 Carlo Drive, Kettering, Ohio 45429, (US)  
Horst, William Richard, Deceased, , (US)

LEGAL REPRESENTATIVE:

Irish, Vivien Elizabeth et al (32204), International IP Department, NCR  
Limited, 206 Marylebone Road, London NW1 6LY, (GB)

PATENT (CC, No, Kind, Date): EP 683465 A2 951122 (Basic)

EP 683465 A3 960612

APPLICATION (CC, No, Date): EP 95303254 950516;

PRIORITY (CC, No, Date): US 248267 940519

DESIGNATED STATES: DE; FR; GB

INTERNATIONAL PATENT CLASS: G06F-017/60;

ABSTRACT EP 683465 A2

A remote access medical network (10) which minimizes paperwork in connection with health care services includes an insurance network (12) for processing an insurance claim. A remote terminal (30, 34, 38, 42) located at a health care service provider sends the insurance claim to the insurance network. A card reader (32, 36, 40, 44) coupled to the remote terminal (30, 34, 38, 40) reads information about a patient from a patient health care card (50) for completing the insurance claim, and reads payment information from the health care card (50) for completing payment to the health care service provider. The patient health care card (50) is preferably a smart card (50). The smart card (50) may be used to provide payment to the service provider. Insurance payments are obtained by transmitting the insurance claim to the insurance network (12). A financial network (13) credits a bank account of the service provider via an electronic funds transfer. (see image in original document)

ABSTRACT WORD COUNT: 185

LEGAL STATUS (Type, Pub Date, Kind, Text):

Application: 951122 A2 Published application (Alwith Search Report  
;A2without Search Report)

\*Assignee: 960605 A2 Applicant (transfer of rights) (change): NCR  
International, Inc. (1449484) 1700 South  
Patterson Boulevard Dayton, Ohio 45479 (US)  
(applicant designated states: DE;FR;GB)

\*Assignee: 960605 A2 Previous applicant in case of transfer of  
rights (change): AT&T GLOBAL INFORMATION  
SOLUTIONS INTERNATIONAL INC. (1449481) 1700  
South Patterson Boulevard Dayton, Ohio 45479  
(US) (applicant designated states: DE;FR;GB)

Search Report: 960612 A3 Separate publication of the European or  
International search report

Change: 960612 A2 Representative (change)

Change: 970716 A2 Representative (change)

Withdrawal: 970910 A2 Date on which the European patent application  
was deemed to be withdrawn: 961213

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPAB95	308

SPEC A	(English)	EPAB95	1434
Total word count - document A			1742
Total word count - document B			0
Total word count - documents A + B			1742

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...SPECIFICATION Health care reader/writers 32, 36, 40, and 44 also update the health information stored on card 50. Personal health card 50 is preferably a **SMART card**. Thus, the patient may complete payment and update the information on card 50 at the same time, without any paper forms to fill out and...

?



(FILE 'USPAT' ENTERED AT 16:00:38 ON 10 SEP 1999)

L1	1966 S (CHARGE OR CHARGING) (10A)ACCOUNT#
L2	289864 S CHARGE OR CHARGING
L3	8726 S L2 (5A) (DATA OR INFORMATION)
L4	435 S RECEIV### (5A) L3
L5	60 S L4 AND L1
L6	7387 S (CREDIT OR DEBIT) (5A) CARD
L7	496 S FINANCIAL (5A) ACCOUNT#
L8	27 S L5 AND L6
L9	6 S L8 AND L7
L10	382 S REIMBURS#####
L11	27 S L10 AND L1
L12	13 S L11 AND L7
L13	294998 S L2 OR L6
L14	13 S L12 AND L13
L15	126 S L10 AND (L6 OR L1)
L16	113 S L15 NOT L14

- File 674:Computer News Fulltext 1989-1999/Sep W2
  - (c) 1999 IDG Communications
- File 15:ABI/INFORM(R) 1971-1999/Sep 28
  - (c) 1999 Bell & Howell
- File 624:McGraw-Hill Publications 1985-1999/Sep 28
  - (c) 1999 McGraw-Hill Co. Inc
- File 9:Business & Industry(R) Jul 1994-1999/Sep 29
  - (c) 1999 Resp. DB Svcs.
- File 88:Gale Group Business A.R.T.S. 1976-1999/Sep 24
  - (c) 1999 The Gale Group
- File 75:TGG Management Contents(R) 86-1999/Sep W2
  - (c) 1999 The Gale Group
- File 612:Japan Economic Newswire(TM) 1984-1999/Sep 17
  - (c) 1999 Kyodo News
- File 635:Business Dateline(R) 1985-1999/Sep 24
  - (c) 1999 Bell & Howell
- File 484:Periodical Abstracts Plustext 1986-1999/Aug W3
  - (c) 1999 Bell & Howell
- File 647:CMP Computer Fulltext 1988-1999/Sep W3
  - (c) 1999 CMP
- File 810:Business Wire 1986-1999/Feb 28
  - (c) 1999 Business Wire
- File 20:World Reporter 1997-1999/Sep 29
  - (c) 1999 The Dialog Corporation plc

Set	Items	Description
S1	283995	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	881769	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	83024	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	916336	S2 OR S3
S5	41332	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	7573	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR HR OR SENATE OR LEGISLAT?))
S7	48454	S5 OR S6
S8	30454	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE) - () (PURPOSE OR FUNCTION?)) ()CARD? ? OR (CONTACTLESS OR NON()CONTACT? OR PORTABLE) ()DATA() (EXCHANGE OR CARRIER?)
S9	13207	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR SMARTCARD?
S10	37964	S8 OR S9
S11	2	S1(S)S4(S)S7(S)S10
S12	2	RD (unique items)
S13	38	S4(S) (S1 OR S7) (S)S10
S14	36	S13 NOT S12
S15	32	RD (unique items)
S16	22	S15 NOT PD=>980616
S17	132130	(BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SERVER? OR PROCESS? OR PAYMENT? OR AUTOMATE OR ELECTRONIC? OR NETWORK? OR INTERNET? OR EXT-RANET?)
S18	2	S17(S)S1(S)S7(S)S10
S19	2	RD (unique items)
S20	0	S19 NOT (S11 OR S13)

• 12/3,K/1 (Item 1 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

02511082 02042134 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Usis Mines For Gold In Electronic Health Records**  
(Usis America's Michel Salomon talks about his strategy for building an  
electronic health record database that makes use of smart card technology  
)

Card Technology, p N/A  
June 01, 1999  
DOCUMENT TYPE: Journal ISSN: 1093-1279 (United States)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 964

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:

...patients to make their co-payments using smart cards. Moreover, the  
doctors someday will be able to electronically file claims forms, allowing  
them to receive **reimbursement** from the patients' **insurance** companies in  
a week compared to three months, Touma says.

It all seems rather ambitious for a company that only recently  
incorporated. Founder Salomon brought...

12/3,K/2 (Item 2 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

02019585  
**Insurance Card Firm to Use Gemplus, DEC, MCI**  
(DEC, Gemplus, and MCI will provide technology for a smart card-based  
healthcare payment system from RealMed)  
American Banker, v CLXII, n 241, p 16  
December 17, 1997  
DOCUMENT TYPE: Journal ISSN: 0002-7561 (United States)  
LANGUAGE: English RECORD TYPE: Abstract

ABSTRACT:

Digital Equipment Corp (DEC), Gemplus Group, and MCI Communications Corp  
will provide technology for a **smart card**-based healthcare payment  
system. RealMed Corp (Indianapolis) has developed the system. The system  
will hasten the **insurance reimbursement** process. Claims and **co -**  
**payments** would be handled in "real time." RealMed does not plan to use  
the cards to store medical records, however. The company has not signed  
contracts...

?

16/3,K/1 (Item 1 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
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01670119

03-21109

**A vehicle of choice**

Matthews, Merrill Jr

LIMRA's MarketFacts v17n2 PP: 18-20 Mar/Apr 1998

ISSN: 0889-0986 JRNL CODE: MKF

WORD COUNT: 2017

...TEXT: are very efficient at handling lots of small claims in a cost-effective manner. In addition, newly introduced technologies could complement MSAs. For example, a "smart card" that has been developed to expedite the **claims** process so that **health** care providers can be **reimbursed** in 48 hours rather than a month or more could be used to withdraw money from an MSA. This approach would bypass the normal claims...

16/3,K/2 (Item 2 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
(c) 1999 Bell & Howell. All rts. reserv.

01571606

02-22595

**Group builds first real-time health network**

Tauhert, Christy

Insurance & Technology v23n1 PP: 14 Jan 1998

ISSN: 0892-8533 JRNL CODE: IIN

WORD COUNT: 427

...TEXT: a highperformance Oracle (Redwood Shores, CA) database that is being operated by Digital. The payment center has a private link to an insurer. At the **insurance** company, RealMed software resides on a Digital AlphaServer that is a partial replication of an insurer's existing database. The server communicates in real time...

... physician via the payment center. When a deductible is agreed upon, physicians can remotely request payment using an electronic signature from patients (stored on the **smart card**). Subsequently, a funds transfer from debit, credit card or cash will be authorized via the payment center, a process that RealMed plans to facilitate with...

16/3,K/3 (Item 3 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
(c) 1999 Bell & Howell. All rts. reserv.

01543058

01-94046

**Case for Intranet outsourcing**

Wreden, Nick

Informationweek n657 PP: 26S-32S Nov 17, 1997

ISSN: 8750-6874 JRNL CODE: IWK

WORD COUNT: 1774

...TEXT: operations."

Mede America offers its QuickLink services for a monthly fee of less than \$200. During a typical transaction, a pharmacist swipes a customer's **insurance** prescription card through a **card reader**, or a druggist enters the information into a PC. Either way, the **card reader**, continuously connected to the CompuServe network via local access points of presence, transmits the information through CompuServe's networks to multiple routers located at Mede...

... network via local-loop T1 (1.544Mbps) lines running X.25. Mainframes at Mede America format the transaction according to the requirements of the appropriate **insurance company** or other **payer**, then route the

. transaction to that company.

After approval, disapproval, or another disposition determined by the payer, the process is reversed, and patients find out...

16/3,K/4 (Item 4 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
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01437378

00-88365

**HP acquisition solidifies smart card strategy**

Tauhert, Christy

Insurance & Technology v22n6 PP: 9 Jun 1997

ISSN: 0892-8533 JRNL CODE: IIN

WORD COUNT: 324

...TEXT: of large financial institutions made it an attractive acquisition candidate.

HP's long-term plan is to leverage VeriFone's credit card equipment to develop **smart card** technologies that Chisholm says have strong applications to the **insurance** industry. "It's not too difficult to move from credit cards to **smart cards**," he says, adding that he envisions **smart card** technology "for both the payment of **insurance** premiums and potentially as a vehicle for insureds to receive claim **payments** at an **insurance company** in the form of credits on a **smart card**."

Another application for smart cards, says Chisholm, is to use the technology as the link between banking, insurance and brokerage services. "Organizations are looking to..."

16/3,K/5 (Item 5 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
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01355405

00-06392

**Dean Witter makes leap into electronic finance**

Rule, Bruce; Weisul, Kimberly

Investment Dealers Digest v63n1 PP: 7 Jan 6, 1997

ISSN: 0021-0080 JRNL CODE: IDD

WORD COUNT: 536

...TEXT: Dean Witter could follow the lead of other full service brokerages and offer wrap accounts.

The Dean Witter financial services conglomerate now includes Lombard, Allstate **Insurance**, the Discover card, and even a share in Mondex USA, a **smart card** and electronic **payments company**. Gary Meshell, a consultant in the electronic financial services group at Price Waterhouse, pointed out that unlike Visa or MasterCard, the Discover brand is not...

16/3,K/6 (Item 6 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
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01355305

00-06292

**Smart cards: Key to cashless economy?**

Manchester, Doug

Futurist v31n1 PP: 29-32 Jan/Feb 1997

ISSN: 0016-3317 JRNL CODE: FUS

WORD COUNT: 2465

...TEXT: and minting coins.

Federal, state, and local governments could move to more paperless transactions, including the elimination of welfare checks. Welfare

. recipients could load their **smart card** at ATMs, or similarly installed devices at the Health and Human Services Office. Once the card is loaded, the "welfare account" could be tagged so that money can only be spent at certain locations, limiting opportunities to mispend the benefits. **Medicare**, AFDC (Aid to Families with Dependent Children), and tax **refunds** could all be managed electronically with **smart cards**.

Another potential benefit for local authorities is, with appropriate judicial process, working with banks to provide information for tracking deadbeat parents for back payment of...

16/3,K/7 (Item 7 from file: 15)  
DIALOG(R)File 15:ABI/INFORM(R)  
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00922122 95-71514  
**Management without frontiers: Health system convergence leads to health care management convergence**  
Kirkman-Liff, Bradford L  
Frontiers of Health Services Management v11n1 PP: 3-48 Fall 1994  
ISSN: 0748-8157 JRNL CODE: FHS  
WORD COUNT: 16914

...TEXT: and institution wide practice profiles (Kirkman-Liff and Schneller 1992). Health care information systems within a community can also be improved through the use of **smart card** technology that is being implemented in France, Canada, and Germany. In these systems, each person has a medical and health **insurance** data base encoded on a chip in a credit card-sized photographic identification card. This card can be used to verify eligibility and, in France and Germany, **copayments**. Electronic data interchange efforts in the Netherlands include paperless processing of all prescription drug **insurance** claims: two competing electronic "clearing houses" connect all pharmacies with all insurers. In addition to processing the claims, the clearing houses arrange for direct electronic...

... offices and hospitals, so that all claims will be made paperless and payments will be made directly to the provider's bank account. Trials with **smart cards** are also underway in the Netherlands and England. These efforts are similar to the proposed community health information networks in the United States.

EFFORTS TO...

16/3,K/8 (Item 1 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

02102600  
**SURVEY - FT INFORMATION TECHNOLOGY 98 part 4: SMARTCARDS Still a long way to go**  
(Use of smartcards in European health care services sectors has met with varying degrees of acceptance)  
Financial Times Surveys Edition, p 10  
April 01, 1998  
DOCUMENT TYPE: Business Newspaper; Industry Overview ISSN: 0307-1766 (United Kingdom)  
LANGUAGE: English RECORD TYPE: Abstract

**ABSTRACT:**

Some industry analysts believe that 1998 will be the year of **smart card** technology's 'small bang'. The question is, will health be on the cards? The logic for using **smartcards** in medicine is as simple as it is profound. Healthcare provision carries high administrative costs which can be dramatically reduced with a successful electronic scheme...

...Assurance maladie, Vitale will roll out 25m cards in 1998. And by

end-1999, cards will be required for participation in the country's health **insurance** system. But, in the UK, **smart cards** are slower to be developed in the health system. "We have no current plans, though it remains part of our strategic agenda," said Ross Langford, speaking for the IT group of the NHS Executive. **Smartcards** are being trialled in a number of innovative health authorities, performing valuable but limited tasks, such as carrying maternity data for anti-natal care or...

...France and Germany is remarkably different, though whether because health provision in these countries is structurally better able to take advantage of an investment in **smart cards**, or because it is traditionally high spending and inefficient, depends upon whom is asked. In Germany, the government estimated that the costs would total between...

...scheme was launched in 1993 and it anticipated a payback over a 5-yr period, a result due to be confirmed soon. Savings come from **insurance** accounts, used to **reimburse** medical practitioners, being settled electronically and overnight. The cost of verifying prescriptions is estimated at around DM770m/yr, say analysts at Datamonitor. The French roll-out provides the beginnings of an answer to fears about security. In the first wave, the cards will carry only **insurance** information, with data useful in emergencies, such as allergies or chronic complaints, being added later. Access to the cards is by a two-card **reader**, requiring the practitioner to insert a card capable of RSA encryption at the same time. Datamonitor reports that savings of around \$5 bil/yr are...

16/3,K/9 (Item 2 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

02038445 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Smart Cards Flutter Over Eastern Europe**

(Inkom Bank will run a trial of Visa's COPAC electronic pass as a staff salary payment card; plans to introduce the card to customers in 1998)

Card Technology, p 29+

September 1997

DOCUMENT TYPE: Journal; Cover Story ISSN: 0361-5561 (United States)

LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 3946

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:

...for smart cards. Gemplus already has implemented GOST on smart cards on a demonstration basis.

Another matter that still is unclear

??? missing page

**EASTERN EUROPE SMART CARD PROJECTS**

The following chart reads as follows:

Row 1: Country

Row 2: Project

Row 3: Type

Row 4: Cards Issued

Row 5: Comment

Belarus

n...

...card

several hundred  
system currently on hold due to reorganization of the  
hospital

--

TOTAL Oil  
loyalty card

70,000  
customer behavior analysis functionality and possibly  
**company payment** functions to be added by end of this year  
--  
Volan bus  
bus ticketing  
500  
--  
Kazakhstan  
Trade House Anar  
company card  
7,000  
--  
Latvia  
Latkarte  
electronic...  
...card  
n/a  
--  
--  
SIB Contact  
payment card  
10,000  
--  
--  
Sberbank  
UEPS payment card  
n/a  
national rollout planned  
--  
--  
Syrbank  
payment card  
2,000  
--  
--  
Tula  
health **insurance**  
90,000  
memory cards  
--  
--  
TverUniversal Bank  
payment card  
70,000  
--  
--  
Unibest  
payment card  
2,500  
--  
--  
Union Grand/Gasprombank  
payment card  
30,000  
--  
--  
Weltimpex Sokol  
payment...

16/3,K/10 (Item 3 from file: 9)  
DIALOG(R) File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

02029855 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**INDIANA FIRM'S SMART CARD HELPS INSURERS PROCESS, RESOLVE CLAIMS**  
(RealMed Corp develops smart card that enables insurers to process and  
resolve health insurance claims within minutes)



Indianapolis Star and News, p N/A  
December 10, 1997  
DOCUMENT TYPE: Regional Newspaper (United States)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 527

ABSTRACT:

RealMed Corp. (Carmel, IN) has developed a **smart card** which permits insurers to process and resolve **health claims** in minutes. The computer chip-embedded credit card-type plastic card contains patients' personal data but not their personal medical history, **insurance** plan carried and services the plan pays for. The data cannot be accessed without a personal identification number. The card can be linked to a bank account, credit card or medical savings account so **patients** can pay their **portion** of the bill instantly. The service would cost doctors \$250 monthly to lease the software program and related hardware. Doctors would offset costs with a...

...savings of up to \$2.5 billion for processing claims by US patients under age 65. RealMed is currently negotiating to provide its product to **insurance** firms and banks. The firm, which started in 1995, employs about 60 people. Article provides other background information on the firm.

...

16/3,K/11 (Item 4 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

01722194 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Report criticises French use of IT in health sector**  
**(French national health insurance fund developed a system for managing the reimbursement of patients' primary treatment costs)**

International Healthcare News, n 20, p 6  
January 1997

DOCUMENT TYPE: Newsletter (United Kingdom)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 588

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:

...Sesam-Vitale will provide an electronic alternative to the paper forms that doctors currently issue to patients, who then send them to their local health **insurance** offices to obtain the **reimbursement**. The new system will enable the relevant information to be transmitted electronically from the doctor's surgery to health **insurance** offices via the Sesam data transmission system. It will also allow doctors to obtain patient data from the Vitale memory card that is to be issued to all French adults and will use their own professional **smart card** to gain access to the system, "reading" both cards with a single terminal (IHN 15, August 1996, page 9).

According to Rozmaryn, however, the hardware...

16/3,K/12 (Item 5 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

01712103 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Dean Witter makes leap into electronic finance**  
**(Dean Witter purchases Lombard Brokerage at end of 1996; merger will create new subsidiary, Dean Witter, Discover Electronic Financial Services)**

Investment Dealers' Digest, p 7

January 06, 1997

DOCUMENT TYPE: Journal ISSN: 0021-0080 (United States)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 535

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:

...Dean Witter could follow the lead of other full service brokerages and offer wrap accounts.

The Dean Witter financial services conglomerate now includes Lombard, Allstate **Insurance**, the Discover card, and even a share in Mondex USA, a **smart card** and electronic **payments company**. Gary Meshell, a consultant in the electronic financial services group at Price Waterhouse, pointed out that unlike Visa or MasterCard, the Discover brand is not...

16/3,K/13 (Item 6 from file: 9)

DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

01525937 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Doctors push government for computerisation subsidy**

**(French doctors remain culturally reticent about using computers in their surgeries and sceptical about the practical benefits that automating their practices could bring)**

International Healthcare News, n 11, p 8  
April 1996

DOCUMENT TYPE: Newsletter (United Kingdom)

LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 615

(USE FORMAT 7 OR 9 FOR FULLTEXT)

ABSTRACT:

...national health system and reining in its costs.

The arena in which doctors are able to "negotiate" their co-operation is the pilot testing of **smart cards** and other technology that the government is developing both to enhance administrative efficiency and to improve its controls over practices. The most advanced computerisation project underway is the Sesame Vitale health **insurance** card, which is designed to eliminate paper forms for claiming the **reimbursement** of doctors' fees and drug purchases and is due to be distributed to the whole population starting next year.

In the latest trial, taking place...

TEXT:

...national health system and reining in its costs.

The arena in which doctors are able to "negotiate" their co-operation is the pilot testing of **smart cards** and other technology that the government is developing both to enhance administrative efficiency and to improve its controls over practices. The most advanced computerisation project underway is the Sesame Vitale health **insurance** card, which is designed to eliminate paper forms for claiming the **reimbursement** of doctors' fees and drug purchases and is due to be distributed to the whole population starting next year.

In the latest trial, taking place...

16/3,K/14 (Item 7 from file: 9)

DIALOG(R)File 9:Business & Industry(R) Jul  
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01482146 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Spending limits imposed on doctors' practices**

**(France reforming health insurance system; to computerize healthcare systems, issue ID cards to all French citizens)**

International Healthcare News, n 12, p 10  
May 1996  
DOCUMENT TYPE: Newsletter (United Kingdom)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 435

(USE FORMAT 7 OR 9 FOR FULLTEXT)

ABSTRACT:

...starting next September, which they must present to their doctors for recording their medical details (unless patients object). Those cards will subsequently be replaced by **smart cards**. Doctors will be issued their own corresponding **smart cards** by the end of 1998. ...

TEXT:

...of practitioners by medical inspectors employed by local insurance offices and the speedier imposition of sanctions.

Computers will be key instruments of control. The health **insurance** system is to be completely computerised and doctors will have to install computers in their surgeries so they can transfer data electronically to local **insurance** offices instead of issuing paper **reimbursement** forms to patients as they do at present. At the same time, all French citizens are to be issued health cards, starting next September, which they must present to their doctors for recording their medical details (unless patients object). Those cards will subsequently be replaced by **smart cards**. Doctors will be issued their own corresponding **smart cards** by the end of 1998.

A deadline of 31 December, 1998, has been set for all doctors and local health insurance offices to be computerised...

16/3,K/15 (Item 8 from file: 9)  
DIALOG(R)File 9:Business & Industry(R) Jul  
(c) 1999 Resp. DB Svcs. All rts. reserv.

01284121

**Smart Cards Poised for Changes in Health Care**  
**(Smart card technology could have a major impact on the health care industry)**

American Banker, v CLX, n 175, p 11A  
September 12, 1995

DOCUMENT TYPE: Journal ISSN: 0002-7561 (United States)  
LANGUAGE: English RECORD TYPE: Abstract

ABSTRACT:

**Smart card** technology could have a significant impact on the health care industry. According to a Strategic Resources Group (Winchester, MA) survey, 90% favored the use of **smart cards**. **Smart cards** have up to 80 times the capacity of magnetic-stripe cards. This could help reduce the amount of paperwork, shorten **reimbursement** times, streamline medical administration procedures, and provide more accuracy of information at points of treatment. **Insurance** companies say that the cost of processing a paper claim is around \$2.50-\$11, while electronic processing costs as little as 60 cents. The **Smart Card** Forum (Tampa) estimates that around 10% of all claims are fraudulent, with Medicaid fraud rates being more common. MedE America (Mitchel Field, NY) CEO Thomas P Staudt said that Medicaid is a tremendous strain on the system. **Smart cards** could include emergency medical information, including a patient's allergies, blood type, current drugs being taken, location of medical records, and the names and locations of the patient's health care providers. Critics believe that the technology is an invasion of privacy. A **Smart Card** Forum study determined that 70% of a national sample was concerned about such a card's security, even though 66% were interested in using **smart cards** to store **insurance** and medical information. The article goes into significantly more detail.

...

16/3,K/16 (Item 1 from file: 88)  
DIALOG(R)File 88:Gale Group Business A.R.T.S.  
(c) 1999 The Gale Group. All rts. reserv.

04939409 SUPPLIER NUMBER: 20415186 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**France gets smart with health a la carte. (medical information smart cards) (Policy and People)**  
Mitchell, Peter  
The Lancet, v351, n9104, p736(1)  
March 7, 1998  
ISSN: 0099-5355 LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 1028 LINE COUNT: 00085

\*

... purpose is to save costs and time by eliminating form-filling. Patients will present their card every time they need treatment under the national health-**insurance** system. Each doctor and pharmacist will also have his or her own unique "professional" **smartcard**. At a treatment episode, the doctor or pharmacist and patient both put their cards into a computerised **card reader**. The computer generates an electronic claim form and automatically sends it across the national network--the Reseau Sante Sociale--to the patient's insurer (caisse), ready for **reimbursement**.

According to the director of the Ministry's computer projects, Andre Loth, Vitale will save thousands of clerical jobs at the caisses. It will also...

16/3,K/17 (Item 2 from file: 88)  
DIALOG(R)File 88:Gale Group Business A.R.T.S.  
(c) 1999 The Gale Group. All rts. reserv.

04803837 SUPPLIER NUMBER: 20519472 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**The costs of cigarettes: the economic case for ex post incentive-based regulation.**  
Hanson, Jon D.; Logue, Kyle D.  
Yale Law Journal, 107, n5, 1163-1361  
March, 1998  
ISSN: 0044-0094 LANGUAGE: English RECORD TYPE: Fulltext; Abstract  
WORD COUNT: 122871 LINE COUNT: 09890

... smoke. It would also, for example, cause heavy smokers to pay higher premiums than casual smokers.(420) And because the consumption of cigarettes is a "**pay** as you go" activity, high-risk consumers (in terms of activity levels) would contribute more to the tort-provided **insurance** pools than would low-risk smokers, even within a given brand of cigarette.

E. Summary

The large negative externalities produced by cigarettes, together with the...

16/3,K/18 (Item 1 from file: 635)  
DIALOG(R)File 635:Business Dateline(R)  
(c) 1999 Bell & Howell. All rts. reserv.

0880942 98-41539  
**'Smart Card' To Make Doctor Visits Easier**  
Kazakoff, Lois  
San Francisco Chronicle (San Francisco, CA, US) pB.3  
PUBL DATE: 971210  
DATELINE: Redwood City, CA, US, Pacific WORD COUNT: 324

TEXT:

...as an incentive to use the system. Doctors or pharmacists or clinics would pay \$250 a month to lease the RealMed computer and scanner.

Existing **medical claims** processing systems only submit claims; they

don't handle **payments** .

Gemplus, the French **company** that will make the cards, is the largest maker of smart cards in the world. It helped design a similar system for the German health **insurance** system that reduced costs by 35 percent, according to RealMed.

Gemplus is opening a Redwood City office as part of the start of RealMed's...

16/3,K/19 (Item 2 from file: 635)  
DIALOG(R)File 635:Business Dateline(R)  
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0787857 97-46508

**Software company preps for explosive growth**

Postman, Lore

Indianapolis Business Journal (Indianapolis, IN, US), v17 n51 p12A

PUBL DATE: 970303

DATELINE: Carmel, IN, US, North Central WORD COUNT: 984

TEXT:

... smartcard" that, when swiped through a special credit-card-type reader, automatically debits the patient's medical savings account, credits the physician, and tallies the **deductible** for the **insurance** company.

Eclipse says it is the only company with the smartcard technology.

The whole process takes minutes and cuts the processing cost for a typical...

16/3,K/20 (Item 3 from file: 635)  
DIALOG(R)File 635:Business Dateline(R)  
(c) 1999 Bell & Howell. All rts. reserv.

0746206 97-04733

**Doctoring a credit-card idea to health insurance**

Wright, J Nils

Business Journal-Sacramento (Sacramento, CA, US), v13 n28 pSS19

PUBL DATE: 960930

DATELINE: Sacramento, CA, US, Pacific WORD COUNT: 685

TEXT:

...to insurers and doctors' groups.

When a patient comes into the hospital or a doctors' office, a staff member slides his or her magnetic-striped **insurance** card through a **card reader** . The machine then dials either Spot Check or the **insurance** company to find out what type of coverage the patient has and checks how much the **co payment** should be.

Users know almost immediately how much to charge somebody up front for care, and they can submit their bills to insurers electronically.

"Spot...

16/3,K/21 (Item 1 from file: 647)  
DIALOG(R)File 647:CMP Computer Fulltext  
(c) 1999 CMP. All rts. reserv.

01145447 CMP ACCESSION NUMBER: IWK19971117S0015

**Outsourcing - Case For Intranet Outsourcing - Better services, desire to cut costs fuel trend**

Nick Wreden

INFORMATIONWEEK, 1997, n 657, PGS26

PUBLICATION DATE: 971117  
JOURNAL CODE: IWK      LANGUAGE: English  
RECORD TYPE: Fulltext  
SECTION HEADING: The Intranet/Internet 100  
WORD COUNT: 1763

... operations."

Mede America offers its QuickLink services for a monthly fee of less than \$200. During a typical transaction, a pharmacist swipes a customer's **insurance** pre- prescription card through a **card reader**, or a druggist enters the information into a PC. Either way, the **card reader**, continuously connected to the CompuServe network via local access points of presence, transmits the information through CompuServe's networks to multiple routers located at Mede...

...via local-loop T1 (1.544-Mbps) lines running X.25. Mainframes at Mede America format the transaction according to the requirements of the appropriate **insurance company** or other **payer**, then route the transaction to that company.

After approval, disapproval, or another disposition determined by the payer, the process is reversed, and patients find out...

16/3,K/22      (Item 2 from file: 647)  
DIALOG(R)File 647:CMP Computer Fulltext  
(c) 1999 CMP. All rts. reserv.

00527906      CMP ACCESSION NUMBER: BTN19930712S1796

**Airline Tickets Not Ready To Bow Out Just Yet**

BUSINESS AND TRAVEL NEWS, 1993, n 264, 12

PUBLICATION DATE: 930712

JOURNAL CODE: BTN      LANGUAGE: English

RECORD TYPE: Fulltext

SECTION HEADING: The Future of Business Travel Technology

WORD COUNT: 1627

... that corporations receive credit for their business under preferred vendor agreements. "You could get a lot of control over your costs," he suggested.

Alternatively, a **smart card** could be used in a less controlled manner that still would help corporations manage **travel expenses**. It might hold data about the booked rate for a reservation, and also record the rate actually **paid**; back at **company** headquarters, data from the card could be read into a management reporting system to track activity under a negotiated vendor agreement. "You can start tying...

?



File 616:Canada NewsWire 1999-1999/Sep 15  
(c) 1999 Canada NewsWire  
File 262:CBCA Fulltext 1982-1999/Jul  
(c) 1999 Micromedia Ltd.  
File 727:Canadian Newspapers 1990-1999/Sep 22  
(c) 1999 Southam Inc.  
File 477:Irish Times 1999-1999/Sep 08  
(c) 1999 Irish Times  
File 710:Times/Sun.Times(London) Jun 1988-1999/Sep 27  
(c) 1999 Times Newspapers  
File 711:Independent(London) Sep 1988-1999/Sep 23  
(c) 1999 Newspaper Publ. PLC

Set	Items	Description
S1	76270	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	271838	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	25997	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR - EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	289438	S2 OR S3
S5	14065	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	1959	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR - EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR - HR OR SENATE OR LEGISLAT?))
S7	15992	S5 OR S6
S8	3181	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE) - () (PURPOSE OR FUNCTION?)) () CARD? ? OR (CONTACTLESS OR NON()CONTACT? OR PORTABLE) () DATA() (EXCHANGE OR CARRIER?)
S9	1265	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR SMARTCARD?
S10	4175	S8 OR S9
S11	0	S1(S)S4(S)S7(S)S10
S12	1	S4(S) (S1 OR S7) (S)S10
?		

Display 12/3,K/1 (Item 1 from file: 727)

DIALOG(R)File 727:Canadian Newspapers  
(c) 1999 Southam Inc. All rts. reserv.

04897751 (USE FORMAT 7 FOR FULLTEXT)

**Lost-luggage compensation elusive**

BERNARD PERUSSE

Montreal Gazette, FINAL ED, P C4

June 05, 1996

DOCUMENT TYPE: NEWSPAPER LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

SECTION HEADING: Living

Word Count: 769

...pretty easy to rule out any liability on the Royal Bank's part: the Visa account was closed on May 26, 1995, automatically terminating the **insurance coverage** .

The Scotiabank **policy** covers stolen or misdirected luggage up to the amount reimbursed by the airline, but not exceeding \$1,250. Like the contract covering the Royal Bank...

- end of display



File 2:INSPEC 1969-1999/Sep W2  
     (c) 1999 Institution of Electrical Engineers  
 File 8:Ei Compendex(R) 1970-1999/Sep W2  
     (c) 1999 Engineering Info. Inc.  
 File 6:NTIS 64-1999/Oct W3  
     Comp&dist 1998 NTIS, Intl Copyright All Righ  
 File 99:Wilson Appl. Sci & Tech Abs 1983-1999/Aug  
     (c) 1999 The HW Wilson Co.  
 File 144:Pascal 1973-1999/Aug  
     (c) 1999 INIST/CNRS  
 File 77:Conference Papers Index 1973-1999/Sep  
     (c) 1999 Cambridge Sci Abs  
 File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
     (c) 1998 Inst for Sci Info  
 File 34:SciSearch(R) Cited Ref Sci 1990-1999/Sep W3  
     (c) 1999 Inst for Sci Info  
 File 233:Microcomputer Abstracts 1974-1999/Sep  
     (c) 1999 Information Today Incl.  
 File 238:Abs. in New Tech & Eng. 1981-1999/Aug  
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     (c)1999 Japan Science and Tech Corp(JST)  
 File 35:Dissertation Abstracts Online 1861-1999/Sep  
     (c) 1999 UMI  
 File 169:Insurance Periodicals 1984-1999/Sep 07  
     (c) 1999 NILS Publishing Co.  
 File 22:Employee Benefits 1986-1999/Oct  
     (c) 1999 Int.Fdn.of Empl.Ben.Plans

Set	Items	Description
S1	14646	REIMBURS? OR REFUND? OR (COMPANY OR POLICY) (3N) (COVERAGE OR COVERED OR ALLOWABLE OR PAYMENT? OR PAY??? OR PAID OR ALLOWED) OR PER()DIEM
S2	176210	INSURANCE OR MEDICARE OR (BUSINESS OR TRAVEL) (3N) (EXPENSE? OR EXPENDITURE?)
S3	20647	(MEDICAL OR HOSPITAL OR DENTAL OR HEALTH) (3N) (EXPENSE? OR - EXPENDITURE? OR FEE OR FEES OR CLAIM? ? OR (BILL OR BILLS) (NOT 10N) (SENATE OR HOUSE OR HR OR LEGISLAT?))
S4	187884	S2 OR S3
S5	2928	COPAY? OR CO()PAY? OR DEDUCTIBLE OR NONREIMBURS? OR (NON OR "NOT") (2W) (BUSINESS OR REIMBURS?) (3N) (EXPENSE? OR EXPENDITURE? OR ITEM? ?) OR PERSONAL() (EXPENSE? OR EXPENDITURE?)
S6	2462	(PATIENT? OR EMPLOYEE OR TRAVELER? OR TRAVELLER?) (3W) (PORTION OR PART) OR (DIFFERENCE OR REMAINDER) (3W) (FEE OR FEES OR - EXPENSE? OR EXPENDITURE OR (BILL OR BILLS) (NOT 10N) (HOUSE OR - HR OR SENATE OR LEGISLAT?))
S7	5380	S5 OR S6
S8	5888	(TRANSACTION OR SMART OR IC OR CHIP OR (MULTI OR MULTIPLE)- () (PURPOSE OR FUNCTION?)) ()CARD? ? OR (NONCONTACTLESS OR NON(-)CONTACT? OR PORTABLE) ()DATA() (EXCHANGE OR CARRIER?)
S9	9429	CARD(1W) (TERMINAL? OR DEVICE? OR READER?) OR POS OR POINT? ?(1W) (SALE? OR SERVICE?)
S10	14930	S8 OR S9
S11	1	S4 AND S7 AND S10 AND S1
S12	57	S4 AND (S1 OR S7) AND S10
S13	56	RD (unique items)
S14	51	S13 NOT (PY,CY=1999 OR PD=>980616 OR CY=>19980616)
S15	42	S14 NOT (GROCERY OR BALANCED()BUDGET OR (1993 OR MARYLAND - OR CALIF OR CALIFORNIA OR 1992 OR SOUTHWESTERN)/TI)
S16	11351	(BILL OR BILLS OR CLAIM OR CLAIMS OR REMITTANCE OR CHARGES OR FINANCIAL()TRANSACTION?) (7N) (SERVER? OR PROCESS? OR PAYMENT? OR AUTOMATE OR ELECTRONIC? OR NETWORK? OR INTERNET? OR EXT-RANET?)
S17	1	S16 AND S1 AND S7 AND S10
S18	0	S17 NOT (S11 OR S15)

11/5/1 (Item 1 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00092764

**Pick a Card?**

Robert, Sarah  
Benefits Canada, v16 no8 pp 57-58 Sep 1992  
ISSN/ISBN: 0703-7732  
DOC TYPE: journal article  
JOURNAL CODE: BNCAN  
AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Prescription drug cards can make the claims **reimbursement** process easier, but they may increase employer costs. Workers present the cards when buying prescription drugs, and are charged a small **deductible** per prescription. Pharmacists then bill the **insurance** carrier or the third party administrator directly, and claims costs are passed to employers via medical plan billing. While convenient for employees, the cards may actually increase costs to employers, since they offer less coordination of benefits potential, dependents are harder to verify, and all claims are paid and processed. **Smart cards** combine employee convenience with improved cost control methods. These cards have plan information encoded on a magnetic strip to allow on-line verification or electronic data interchange.

DESCRIPTORS: Canada; International; Claims processing; Technology; Automation; Prescription drug plans; Prescription drugs; Cost management; Pros & cons; Electronic data interchange  
?

15/7/1 (Item 1 from file: 2)

DIALOG(R)File 2:INSPEC

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5848764 INSPEC Abstract Number: C9804-7140-123

**Title: Marketing an HMO by "smart" ID cards with patient history on an electronic medical record**

Author(s): Chatfield, J.N.

Conference Title: Proceedings. Toward an Electronic Patient Record '96. Twelfth International Symposium on the Creation of Electronic Health Record System and Global Conference on Patient Cards Part vol.1 p.608-20 vol.1

Publisher: Medical Records Inst, Newton, MA, USA

Publication Date: 1996 Country of Publication: USA 2 vol. (646+688) pp.

ISBN: 0 9640667 7 7 Material Identity Number: XX96-01611

Conference Title: Proceedings of 12th International Symposium on the Creation of Electronic Health Record Systems and Global Congress on Patient Cards

Conference Date: 13-18 May 1996 Conference Location: San Diego, CA, USA

Language: English Document Type: Conference Paper (PA)

Treatment: Applications (A)

Abstract: Consumers, employers and government are pressuring health insurance companies to deliver quality health care at restrained prices. Medicaid, Medicare and CHAMPUS are initiating electronic techniques that will offer marketing opportunities to reach commercial clients. Health care providers must frequently access patient identification, insurance eligibility and medical history. A smart card can store this information. TRICARE is to be offered in the Colorado Springs region to all CHAMPUS beneficiaries. Three major local health maintenance organizations (HMOs) will be eligible to enrol at least 54,000 members. The one that can best market higher quality to these clients at the lowest cost will have an advantage in enrolment. An electronic medical record (EMR) is rapidly becoming the standard of hospitals and clinics. Storing EMR data on such ID cards will be advantageous. Computer interrogation of the EMR can be done quickly. Liability insurance costs will be decreased. Security and confidentiality will place demands on the technology. The insurance company that adopts state-of-the-art cards will be most competitive for TRICARE, Medicaid, Medicare and commercial patients. A common standard for all insurance cards has been specified by ANSI: the magnetic stripe. Quality, patient satisfaction, administrative cost-benefit analysis and usage all suggest the need for smart or optical cards. They link to electronic data interchange (EDI) for eligibility and reimbursement, at greater cost savings. (0 Refs)

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15/7/2 (Item 2 from file: 2)

DIALOG(R)File 2:INSPEC

(c) 1999 Institution of Electrical Engineers. All rts. reserv.

04160279

**Title: Direct payment of health care services-participant's benefits**

Author(s): Nadeau, G.

Conference Title: Third Global Conference on Patient Cards p.412-15

Publisher: Med. Records Inst, Newton, MA, USA

Publication Date: 1991 Country of Publication: USA 447 pp.

Conference Sponsor: Int. Patient Cards Standards Council; et al

Conference Date: 12-15 March 1991 Conference Location: Barcelona, Spain

Language: English Document Type: Conference Paper (PA)

Treatment: General, Review (G)

Abstract: CAPSS, which stands for Centre d'autorisation et de paiement des services de sante, (Health Services Authorization and Payment Center) was set up on January 25, 1990. A successful blend of technological and business interests, CAPSS is a specialized firm processing authorizations and on-the-spot payment of services given by health professionals to

patients participating in **insurance** plans. It brings together six Quebec-based **insurance** companies both in the capacities of shareholders and users. CAPSS offers the whole on-line process of capture, validation, authorization and payment of **claims** from pharmacists or **health** professionals regarding the services given to patients with an insurer, a third party acting as paying agent or their representatives. For both the patient and the pharmacist, the immediate **refund** is a definite benefit. As for insurers, their operating costs will be improved thanks to the processing system. The author discusses the role of technology in CAPSS including EDI, EFT and **smart cards**. (0 Refs)

15/7/8 (Item 1 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00122524

**New Trends in Health Care Costs.**

Mason, Glenn

Benefits & Compensation Solutions, v21 no4 pp 32-34 Apr 1998

ISSN/ISBN: 0194-6196

DOC TYPE: journal article

JOURNAL CODE: BCSOL

NOTES: 1 table; 8 charts

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: According to a survey by Segal **Company**, medical **coverage** will cost more in 1998, and there was a significant disparity in cost increases among the various plans available to employers. Non-network fee-for-service coverage costs will rise 13 percent in 1998. The cost of PPOs will increase by 9.4 percent, while the projected average increase for **point-of-service** plans is six percent. One of the largest increases is in HMOs. HMO costs decreased by 0.6 percent in 1997, but they are expected to rise almost five percent in 1998. Prescription drug coverage is also expected to continue its double-digit increases in 1998.

15/7/9 (Item 2 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00121038

**Is the Gatekeeper a Dying Breed?**

Walker, Lauren

Business & Health, v16 no1 pp 30-36 Jan 1998

ISSN/ISBN: 0739-9413

DOC TYPE: journal article

JOURNAL CODE: BSHLT

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Basic concepts of managed health care have been seriously attacked. Some state governments have enacted legislation to ensure access to specific types of specialists, and the managed care industry itself is questioning its gatekeeper concept. While the gatekeeper role may be diminishing among some plans, most managed care organizations have so far kept their gatekeepers in place in order to control the costs of specialty care. Proponents of the gatekeeper idea say that continuity of care will be lost with the move to open access programs. Some open access plans include an option that allows enrollees to consult specialists directly if they are willing to pay a \$30 **copayment**.

15/7/10 (Item 3 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00120985

**Fee-for-Service: Will Changing Attitudes and Cost Trends Lead to Renewed**

**Interest?**

Cregan, R. Michael  
California Broker, v16 no1 pp 24, 26 Dec 1997  
ISSN/ISBN: 0883-6159  
DOC TYPE: journal article  
JOURNAL CODE: CABRK  
NOTES: 1 table  
AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: The employee health care benefits market in California is dominated by capitated HMO plans, but cost trends suggest that other health coverage alternatives may be considered in the future. Consumers are concerned about their right to make health care decisions and are looking for other options that may provide greater choice and security along with cost control. Employers and employees are both reviewing the PPO and **point -of-service** options in response to concerns about treatment under HMOs. When evaluating HMOs, **POS** plans, and PPOs, employers must consider issues such as network compatibility, provider **reimbursement**, and access to specialist care.

15/7/11 (Item 4 from file: 22)

DIALOG(R)File 22:Employee Benefits  
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00120301

**Wellness & Benefits Options Now Targeted for Cost Reduction.**

IOMA's Report on Reducing Benefits Costs, no97-11 pp 1, 11-12 Nov 1997  
ISSN/ISBN: 1056-7984  
DOC TYPE: journal article  
JOURNAL CODE: IOMAR  
NOTES: 2 tables  
AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: In 1997, 26 percent of benefits managers surveyed cited wellness programs as one of the most effective cost reduction tools available. This represents an increase from 19.1 percent of managers in 1996. Benefits reductions were also used by the managers to control costs, with 16 percent of the 173 benefits managers polled using this approach in 1997, compared with 8.9 percent in 1996. Tuition **reimbursement**, profit sharing, emergency room usage, and brand-name drugs were most often the targets of benefits reductions. **Point -of-service** plans represented a growth area in 1997.

15/7/12 (Item 5 from file: 22)

DIALOG(R)File 22:Employee Benefits  
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00118201

**Managed Care a Year 2000 Design.**

Nauert, Peter W.  
National Underwriter: Life & Health/Financial Services Edition, v101 no17 pp 14, 17 Apr 28, 1997  
ISSN/ISBN: 0028-033X  
DOC TYPE: journal article  
JOURNAL CODE: NULHI  
NOTES: 1 table  
AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: By 2000, 80 percent of the individual and small group health care market will be buying true managed care health plans. There is a trend away from the extremes represented by traditional indemnity fee-for-service plans and HMOs toward the middle ground, which is represented by PPOs, **point -of-service** plans, and hybrid plans like community-based health plans. Consumers have not been happy with the lack of choice available under HMO arrangements, but they do not want traditional plans that mean higher costs. PPO, **POS**, and CHP plans offer

cost control with more freedom of choice and fewer restrictions than HMOs.

15/7/13 (Item 6 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00117395

**Employee Co- Pays: How Does Your Plan Stack Up?**

IOMA's Report on Reducing Benefits Costs, no97-3 pp 1, 6-7 Mar 1997

ISSN/ISBN: 1056-7984

DOC TYPE: journal article

JOURNAL CODE: IOMAR

NOTES: 3 tables

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: The most popular coinsurance rate among health plans of all sizes is the 80/20 rate, which is used by 75 percent of conventional health plans surveyed, according to KPMG Peat Marwick. Two percent of the survey respondents reported having no **copays**, while rates of 90/10 and 85/15 each were reported by three percent of those polled. PPOs most often used the 90/10 rate, with 33 percent of PPOs surveyed reporting this rate. Large employers are most likely to offer PPOs with no coinsurance payments. Seventy-six percent of **point of service** plans use both **copayments** and coinsurance payments.

15/7/14 (Item 7 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00115292

**The Role of Exclusive Provider Organizations in Self-Funded Health Plans.**

Ueek, Edward

Employee Benefits Journal, v21 no3 pp 22-25 Sep 1996

ISSN/ISBN: 0361-4050

DOC TYPE: journal article

JOURNAL CODE: EBENJ

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Plan sponsors may use exclusive provider organizations to add choice to a managed care program or to introduce participants to managed care arrangements. EPOs may not be appropriate for all companies, however. A number of plan design issues must be considered when determining whether an EPO is useful for a particular group of workers. These include the ownership of the EPO, the level of quality assurance offered, its capacity for accountability on how contributions are spent, ability to settle disputes equitably, integration of an effective stop-loss feature, utilization of surveys to measure patient satisfaction, and the creation of a **reimbursement** strategy for providers based on performance.

15/7/15 (Item 8 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00114977

**When the Sky's Not the Limit.**

Clark, Jane Bennett

Kiplinger's Personal Finance Magazine, v50 no8 pp 87-89 Aug 1996

ISSN/ISBN: 1056-697X

DOC TYPE: journal article

JOURNAL CODE: CHANG

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Each year, a number of people exhaust their lifetime maximum benefits. Between 1995 and 2000, about 10,000 individuals are expected to use up all their benefits. The House and Senate have both introduced bills

that would guarantee access to health **insurance** when individuals change jobs, however, so workers could start over with a new plan even if a previous plan was maxed out. Participants in fee-for-service plans are usually subject to a lifetime cap. HMOs generally do not limit basic services to a dollar amount, but **point -of-service** plans may set caps on out-of-network care. Some benefits managers have arranged for discounted hospital rates at facilities that specialize in complicated treatments. Plans may **reimburse** participants if it can be shown that the health problems have been resolved as well.

15/7/16 (Item 9 from file: 22)

DIALOG(R) File 22:Employee Benefits

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00110872

**POS Plan Offers Three Tiers of Care.**

Employee Benefit News, v9 noll p 20 Nov 1995

ISSN/ISBN: 1044-6265

DOC TYPE: journal article

JOURNAL CODE: EMBNW

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Heil Company has taken a three-tiered gatekeeper approach to its **point -of-service** plan. This approach could make it easier for employees who have been used to fee-for-service plans. The self-insured firm hopes to control the care delivery and to raise employees' comfort levels by allowing them to visit three **POS** plan gatekeepers instead of one. There will be gatekeepers available in the areas of general practice, gynecology, and pediatrics. The firm conducted employee attitude surveys to discover which areas were most sensitive for workers before deciding on these three gatekeepers. The company's ultimate goal is to reduce its health care costs by 16 percent.

15/7/17 (Item 10 from file: 22)

DIALOG(R) File 22:Employee Benefits

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00110488

**The Ultimate Destination on the Managed Care Continuum.**

Kuhn, Peter

California Broker, v13 noll pp 24, 26 Oct 1995

ISSN/ISBN: 0883-6159

DOC TYPE: journal article

JOURNAL CODE: CABRK

NOTES: 1 table

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Managed health care systems are evolving in response to market and regulatory forces. There is a trend toward simple but comprehensive approaches to address the ever-rising costs of group health **insurance**. **Point -of-service** plans represent a key point in the evolution of managed care and are becoming more popular with employers and workers alike. The two most important features of a **POS** plan are the provider network and the plan of benefits. **POS** plans pay doctors through capitation arrangements. Self-insured and experience-rated **POS** plans are available. While the plans are not perfect, they currently represent employers' best choice of managed care program.

15/7/18 (Item 11 from file: 22)

DIALOG(R) File 22:Employee Benefits

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00109685

**Employers Looking at Managed Care for Their Retirees.**

Mercer Report, no51 pp 1-3 Aug 29, 1995

DOC TYPE: journal article  
JOURNAL CODE: MERRP  
AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Managed care will become a more familiar concept to senior citizens in the future. Congress views managed care as a way to reduce **Medicare** spending, while employers want to use the arrangement for retirees both over and under age 65. An important market trend is the growth of **Medicare** -risk HMOs, which agree to provide all health services covered by **Medicare** in exchange for a government **reimbursement** of 95 percent of the adjusted average cost for all **Medicare** beneficiaries in a geographic area. Since managed care tends to reduce costs, however, the 95 percent may be more than necessary to provide the minimum **Medicare** benefits level. In 1995, over three million **Medicare** enrollees, or about nine percent of the total **Medicare** population, use HMOs.

15/7/19 (Item 12 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00109570

**Employer Experience at Managing Health Care Costs.**

Fronstin, Paul

ACA News, v38 no8 pp 11-13 Sep 1995

DOC TYPE: journal article

JOURNAL CODE: ACANW

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Between 1987 and 1993, there was a move of insured individuals away from traditional fee-for-service **reimbursement** plans to prepaid, prospective managed care settings. Enrollment in traditional fee-for-service plans during this period dropped from 59 percent to five percent between 1987 and 1990. These changes have affected the cost of providing medical services, but measuring the effects has been difficult. However, evidence indicates that managed care arrangements reduce health care costs. Experts predict that in the future there is likely to be more cost-sharing by workers, monitoring of care, movement of workers into managed care arrangements, formation of employer coalitions, and overall lower inflation.

15/7/20 (Item 13 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00109154

**Managed Care: Not a Panacea for the Health Care Cost Problem.**

Biro, Cristina H.

Health Insurance Underwriter, v43 no4 pp 24-25 Apr 1995

ISSN/ISBN: 0017-9019

DOC TYPE: journal article

JOURNAL CODE: HINSU

NOTES: 3 tables

ABSTRACT: Many employers turn to managed health care to save money, but there is evidence that managed care programs have little effect on health care premiums. Annual premium costs for **point -of-service** plans used by large employers rose 13.1 percent in 1994, according to Foster Higgins. Comparatively, annual premium increases for indemnity plans rose by only 10.2 percent. For HMOs, premium increases totaled 9.7 percent. PPOs had increases of only 2.6 percent in 1994, but they rose 10.4 percent in 1993. Researchers believe that managed care does not address the basic problem in health care, which is the fact that consumers are removed from the economic consequences of their decisions. Managed care plans make this problem worse by lowering cost-sharing **copayments** .



15/7/21 (Item 14 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00108768

**State Reforms: Major Changes in Health Care System Under Study During Tumultuous Period.**

Silverman, Gerald B.

BNA Pension & Benefits Reporter, v22 no28 pp 1,606-1,609 Jul 10, 1995

ISSN/ISBN: 1069-5117

DOC TYPE: journal article

JOURNAL CODE: BNAPR

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Legislators in New York are considering major changes to the state's health care system. The lawmakers are being pressured to take action by rapid changes in the health **insurance** market, an important legal deadline, and a significant ruling from the United States Supreme Court. The reformed health care system in New York is expected to be more market-driven and to make more use of managed care, integrated networks, and capitation. It is also expected to continue a current shifting away from inpatient treatment to ambulatory care.

15/7/22 (Item 15 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00108438

**AT&T Pact Expands Benefits.**

Woolsey, Christine

Business Insurance, v29 no25 pp 2, 36 Jun 19, 1995

ISSN/ISBN: 0007-6864

DOC TYPE: journal article

JOURNAL CODE: BSINS

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: AT&T and 101,000 union members reached a tentative agreement that would expand managed health care coverage, enhance child and elder care programs, and raise pension benefits. The new contract, which would run three years and be retroactive to May 28, 1995, includes improvements to the firm's self-insured **point -of-service** plan for active workers. As of January 1, 1996, workers who receive care from network providers would receive total coverage for eligible **medical expenses**. No annual **deductible** or coinsurance payment would be required.

15/7/23 (Item 16 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00107951

**How a POS/Minimum Premium Plan Saved One Co. Over \$100,000.**

IOMA's Report on Reducing Benefits Costs, no95-6 pp 1, 10-11 Jun 1995

ISSN/ISBN: 1056-7984

DOC TYPE: journal article

JOURNAL CODE: IOMAR

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: While managed care represents the most popular cost control options, there are alternatives, including minimum premium plans. These plans are similar to self-**insurance** and can provide substantial cost savings for small and mid-sized employers with good claims experience. Stores Automated Systems implemented the minimum premium approach and obtained improved coverage and lower costs to both the company and its workers. Premiums for individual coverage were about \$275 lower per month, while family coverage brought savings of about \$400 per month over the previous plan.

15/7/24 (Item 17 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00107665

**Defying Conventional Wisdom Flattened Medical Costs.**

Curling, Kay R.

Employee Benefit News, v9 no5 pp 52-53 May 1995

ISSN/ISBN: 1044-6265

DOC TYPE: journal article

JOURNAL CODE: EMBNW

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Systems Research and Applications Corporation obtained cost savings by deciding to defy convention wisdom calling for a more restrictive managed health care system to control its rising costs. The firm traded a **point -of-service** plan for a nongatekeeper PPO. The plan relies on the network of providers existing in its prior HMO plan, but augments them with additional leased providers. The new in-network benefits include nearly all the major hospitals in the area, and **copayments** for office visits remain the same as under the previous HMO plan. Educating workers about the new program was critical to its success.

15/7/25 (Item 18 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00106133

**Health Benefits in 1994.**

104 pp 1994

KPMG Peat Marwick LLP

DOC TYPE: monograph

NOTES: 27 tables; 69 charts

ABSTRACT: Health **insurance** premiums increased 4.8 percent between spring 1993 and spring 1994, the lowest rate of increase in premiums since 1986. Among plan types, PPOs had the smallest increase, 3.2 percent. Enrollment in managed care plans continued to grow from 1993 to 1994, with 65 percent of employees in firms with 200 or more employees enrolled in either an HMO, a PPO or a **point -of-service** plan. Managed care enrollment is particularly strong in the West, where four out of five employees have that type of coverage. Nationwide, almost half of the firms with 200 or more employees offer only one health plan. Overall, firms are adapting their health benefit plans to make them more cost effective. Changes include switching to managed care plans, dropping preexisting condition limitations and converting to community-rated HMOs.

15/7/26 (Item 19 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00100445

**How Twin Cities Employers Are Reshaping Health Care.**

Torchia, Marion

Business & Health, v12 no2 pp 30-32, 34, 36 Feb 1994

ISSN/ISBN: 0739-9413

DOC TYPE: journal article

JOURNAL CODE: BSHLT

NOTES: 1 table

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Employers in the Minneapolis and St. Paul metropolitan area formed a coalition that began offering workers a new health care plan in January 1993. The plan operates as an integrated system of care. In 1994,

the group found that costs per employee are ten percent lower than the average costs of the HMO options previously offered. Costs have risen between four and five percent during the program's first year of operation, compared to average increases of seven to eight percent in the greater Minneapolis market. The **point of service** program allows enrollees to select care from a network of participating providers or go outside the network for coverage at a lower **reimbursement** rate. The network is large and highly standardized, since all participating employers have agreed to use one benefit design.

15/7/27 (Item 20 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00096533

**A Report Card on HMOs.**

Perry, Nancy J.

Fortune, v127 no13 pp 110-112, 114 Jun 28, 1993

ISSN/ISBN: 0015-8259

DOC TYPE: journal article

JOURNAL CODE: FORTU

ABSTRACT: Many people are leery of the kind of care they will obtain through HMOs. They believe that HMOs will dispense cheap medicine that does more harm than good. However, HMOs are looming large in the future of most Americans as national health care reforms come closer to reality. In actuality, HMOs deliver good care, and surveys indicate that patient satisfaction with the care they receive in an HMO is higher than in other health **insurance** programs. The greatest area of concern may be the way HMOs treat the elderly, however. **Medicare** beneficiaries are vulnerable to misleading HMO marketing, according to the **Medicare** Advocacy Project.

15/7/28 (Item 21 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00096396

**Universal Health Insurance Down Under.**

Walker, Brent

Tillinghast: Emphasis, no1993-2 pp 2-5 1993

DOC TYPE: journal article

JOURNAL CODE: EMPHS

NOTES: 3 charts

ABSTRACT: Australia established a type of national health **insurance** system in 1953. Health **insurance** is purchased mainly by individuals, but some companies provide coverage for their employees. More companies are beginning to self-insure. About five percent of the population is not covered by the private health insurers. The Australian **Medicare** system provides benefits for services delivered by physicians on an outpatient basis and in hospitals. Benefits are paid to doctors directly or to patients as **reimbursements**. The system also makes grants to state governments to help them provide care at **point of service** public hospitals. HMOs and PPOs have not developed in Australia. The country's real **expenditures** for health care have increased by about four percent per year since the early 1980s.

15/7/29 (Item 22 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00094197

**Health Care: Provider, Manufacturer Strike Deal on \$20 Million Direct Care Agreement.**

Benefits Today, v10 no2 p 26 Jan 22, 1993

ISSN/ISBN: 0747-9131

DOC TYPE: journal article

JOURNAL CODE: BNTOD

AVAILABILITY: International Foundation of Employee Benefit Plans

**ABSTRACT:** In Oregon, a local health care system has agreed to provide health care services to the employees of a local manufacturer for a set fee. The fee will total \$20 million over a three-year period. The innovative features of the agreement include preventive care at a fixed price, health care cost decreases for the employer, and no involvement by a third party **insurance** firm. Legacy Health System, a five-hospital provider, will begin to care for 2,700 workers of Precision Castparts Corporation, and their 4,300 dependents, on April 1, 1993. The exact price and details of the agreement are yet to be negotiated, but its basic elements have been established.

15/7/30 (Item 23 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00093999

**The Direct Provider Contracting Option.**

Drummer, Kenneth W.

Managing Employee Health Benefits, v1 no1 pp 8-12 Fall 1992

ISSN/ISBN: 1065-3937

DOC TYPE: journal article

JOURNAL CODE: MEMHB

NOTES: 1 chart

AVAILABILITY: International Foundation of Employee Benefit Plans

**ABSTRACT:** Large employers have increasingly implemented managed care strategies. These strategies rely on a strong network of health care providers for their success. Employers can either use existing networks created by **insurance** firms, or they can create their own networks through direct negotiations with providers. When considering the establishment of their own network, employers must consider certain issues, including due diligence, access to care, liability, antitrust issues, method of provider payment or **reimbursement**, penalties and disincentives, grievance procedures, and administrative requirements. Employers should establish realistic goals for their cost control savings and choose the managed care plan that will best achieve these savings.

15/7/31 (Item 24 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00090280

**Employee Vision Benefit.**

Rosenthal, Jesse

Employee Benefit Issues - The Multiemployer Perspective - 1991, pp 280-283 1992

International Foundation of Employee Benefit Plans; Brookfield, WI

ISSN/ISBN: 0-89154-434-8

DOC TYPE: proceedings paper

AVAILABILITY: International Foundation of Employee Benefit Plans

**ABSTRACT:** Vision care is not commonly offered as an employee benefit, with only about 35 percent of full time employees having vision care plans, but it is relatively inexpensive to provide. The costs of such programs will not rise unpredictably because of restricted utilization. The benefits can also be used to compensate for increased **copayments** and deductibles in general medical **insurance**. Vision PPOs facilitate introduction of the benefit, since they allow the cost effective provision of quality care. They should include a wholesale laboratory and full administrative services. Vision care benefits are highly appreciated by a large percentage of employees.

15/7/32 (Item 25 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00089609

**O Canada: Do We Expect Too Much From Its Health System?**

Sheils, John F.; Young, Gary J.; Rubin, Robert J.

Health Affairs, v11 no1 pp 7-20 Spring 1992

ISSN/ISBN: 0278-2715

DOC TYPE: journal article

JOURNAL CODE: HLTAF

NOTES: 3 tables; references

ABSTRACT: Legislators have suggested implementing a Canadian-style health care system in the United States. They believe such a system will save money through simplified administrative procedures. Critics note, however, that there would be greater demand resulting from universal **insurance** provided virtually for free at the **point of service**. Research has found tensions existing between the objectives of administrative efficiency and cost containment. Eliminating patients' cost sharing burden and using utilization management may reduce administrative costs, but it also removes incentives for patients and providers to moderate their use of health services. Critics of Canada's system believe that it would be better to pursue administrative savings through reforms of the small group **insurance** market, electronic claims filing, standardized coverage and **reimbursement** rules, and simplification of administrative requirements in existing programs.

15/7/33 (Item 26 from file: 22)  
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00088833

**Health Insurance : Non-Smokers' Discount Added to Banc One Corp. Benefit Plans.**

Benefits Today, v9 no4 p 55 Feb 21, 1992

ISSN/ISBN: 0747-9131

DOC TYPE: journal article

JOURNAL CODE: BNTOD

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Employees of Banc One Corporation who do not smoke will be paying \$5 less each month for health **insurance** premiums than employees who do smoke. The bank holding firm implemented this new policy as of January 1, 1992. The company also extended the policy to optional group life **insurance** and long term disability **coverage**. The **company** hopes to make employees aware that lifestyle decisions have an effect on health care costs.

15/7/34 (Item 27 from file: 22)  
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00088775

**Benefits Policy: Health Care Cost Shifting to Employees Has Peaked, Report Says.**

BNA Pension Reporter, v19 no8 pp 341-342 Feb 24, 1992

ISSN/ISBN: 0095-7100

DOC TYPE: journal article

JOURNAL CODE: BNAPR

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: The cost shifting of health care, which includes higher deductibles and **copayments**, has probably reached its highest level,

according to the HayGroup, and any future variations in such practices will have little impact on employer costs. Both employers and employees face problems resulting from rising health care costs and the unavailability of affordable coverage. The HayGroup believes that true cost control programs, such as wellness incentives, will become more popular with employers in the near future.

15/7/35 (Item 28 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00088203

**Change and Growth in Managed Care.**

Hoy, Elizabeth W.; Curtis, Richard E.; Rice, Thomas

Health Affairs, v10 no4 pp 18-36 Winter 1991

ISSN/ISBN: 0278-2715

DOC TYPE: journal article

JOURNAL CODE: HLTAF

NOTES: 4 tables; 6 charts; references

ABSTRACT: Managed care has emerged as the best way for employers to control increasing health care costs. The design and development of employer based managed care plans is provided to a great degree by the commercial **insurance** industry. Because of managed care's rapid development, no consensus concerning an ideal managed care strategy has developed. Managed care trendsetters are using more cost effective **reimbursement** methods. They tend to use provider profiling measures more often, and they are more likely to renew provider contracts in a selective manner. These practices offer evidence in support of strategies that encourage efficient providers, rather than those that rely on measures such as negotiated discounts and utilization review.

15/7/36 (Item 29 from file: 22)

DIALOG(R)File 22:Employee Benefits

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00087487

**Next Stage in Cost-Cut Quest.**

Strazewski, Len

Crain's Chicago Business, v14 no47 pp T1, T8 suppl. Nov 25, 1991

ISSN/ISBN: 0149-6956

DOC TYPE: journal article

JOURNAL CODE: CRCHG

NOTES: 1 chart

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: In an effort to control spiraling health care costs, many employers are turning to managed health care networks, also known as open ended HMOs. These **point of service** plans combine the group discounts of PPOs with the medical practice economies of HMOs. Employees are encouraged to use the networks through a system of incentives and disincentives. Employees who participate in the network are rewarded with low **copayments** and 100 percent coverage, while employees who go outside the network must pay higher deductibles and receive reduced coverage.

15/7/37 (Item 30 from file: 22)

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00086971

**Picking a Medical Plan.**

Kritz, Francesca Lunzer

U.S. News & World Report, v111 no19 pp 77-80 Nov 4, 1991

ISSN/ISBN: 0041-5537

DOC TYPE: journal article

JOURNAL CODE: USNWR  
NOTES: 1 table; 1 chart

ABSTRACT: Health care **insurance** rates are expected to rise between 13 and 20 percent in 1992. Many employers have panicked at the thought of high health costs and have provided incentives for employees to select health care options that reduce company expenses. Employees should realize that these options will not necessarily reduce their costs, however. Most employees continue to select traditional fee for service coverage, but they should examine other, potentially less expensive, options, such as **point of service** plans or PPOs.

15/7/38 (Item 31 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00084703

**The New Significance of Rx Cards.**

Dichter, Elizabeth

California Broker, v9 no9 pp 42, 44-45 Jun 1991

ISSN/ISBN: 0883-6159

DOC TYPE: journal article

JOURNAL CODE: CABRK

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: In order to effectively manage pharmaceutical care, a comprehensive managed network of providers is necessary. Competitive **reimbursement** for acute and maintenance drugs, as well as **point of service** electronic technology, a sophisticated claims system, an online drug utilization review program, and online incentives to encourage generic drug substitution are also necessary elements of an effective managed care program. Research has shown that claims processing costs under typical major medical plans average between \$4 and \$8 per prescription, while automated prescription management systems can be implemented for less than one dollar per prescription.

15/7/39 (Item 32 from file: 22)  
DIALOG(R)File 22:Employee Benefits  
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00082502

**The New Medicare Physician Fee Schedule: Cost-Shifting Dangers for Employers.**

Zilg, Robert J.

Benefits Law Journal, v4 no1 pp 75-83 Spring 1991

ISSN/ISBN: 0897-7992

DOC TYPE: journal article

JOURNAL CODE: BNLAJ

NOTES: 1 table; references

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: **Medicare** will begin the implementation of its physician payment fee schedule in 1992. The fee schedule was designed to control continuing cost increases experienced in Part B of the **Medicare** program. Employers may see more cost shifting in their group health care plans as physicians attempt to make up revenues lost through changes in **Medicare** 's **reimbursement** policies. In the short term, concern about the potential effects of **Medicare** 's resource based relative value scale could make programs like PPOs, HMOs or **point of service** plans more attractive than traditional group medical plans to both employees and employers.

15/7/40 (Item 33 from file: 22)  
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00081149

**Employer Strategies in Managing Prescription Drug Costs.**

Rubinstein, Elan

Business & Health, v9 no1 pp 26, 28-30, 34-35 Jan 1991

ISSN/ISBN: 0739-9413

DOC TYPE: journal article

JOURNAL CODE: BSHLT

AVAILABILITY: International Foundation of Employee Benefit Plans

ABSTRACT: Costs for prescription drug benefits have grown for employers because of higher costs per prescription and increased utilization. Pharmaceuticals, especially newly introduced drugs, have experienced substantial cost hikes. The Consumer Price Index indicated that these costs rose 7.9 percent between 1987 and 1988. A number of new cost containment products for prescription drug benefits have been introduced. Among these are **point of sale** options, mandated mail order, in house pharmacies, and drug utilization reviews. Employers should be willing to try new plan designs and to enforce the changes, if their attempts at cost control are to be effective.

15/7/41 (Item 34 from file: 22)

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00069026

**Kaiser Pact Includes Employee Cost-Sharing.**

Benefits Today, v5 no17 p 265 Aug 12, 1988

ISSN/ISBN: 0747-9131

DOC TYPE: journal article

JOURNAL CODE: BNTOD

ABSTRACT: The Service Employees International Union Local 49, representing Kaiser Permanente nonprofessional employees in Oregon and southwest Washington, ratified a three year contract on July 17, 1988, thereby ending a strike. Part time employees working over 20 hours per week agreed to a schedule of **copayments** for medical, dental, and prescription drug coverage. The **point of service** fees will be prorated according to the number of hours worked per week; Kaiser will continue to fund full premium costs. Previously, these employees received fully paid medical and dental coverage. Part time benefits have played a major role in the collective bargaining between Kaiser and the SEIU as well as with two nurses' unions.

15/7/42 (Item 35 from file: 22)

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00067896

**Allied-Signal, CIGNA Corp. Bring Managed Care Plan to 67,000 Employees.**

Benefits Today, v5 no10 p 151 May 6, 1988

ISSN/ISBN: 0747-9131

DOC TYPE: journal article

JOURNAL CODE: BNTOD

ABSTRACT: CIGNA Corp. will administer Health Care Connection, the most comprehensive managed health care plan to date, for Allied Signal Inc., the plan's sponsor. Advantages include cost containment, a prime consideration, and flexibility in the **point of service** approach. Services are comprehensive, with use of patient advocates, thorough employee education in plan options and managed dental care programs with such electives as adult orthodontia. Employee reaction is reportedly enthusiastic; if the program is successful, the sponsor will probably extend the program to all of its employees.

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